

# **Child Care Assistance Program**

**Service Chapter 400-28**

**North Dakota Department of Human Services  
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Bismarck, ND 58505-0250**

# **Child Care Assistance Program**

**Division 10  
Program 400**

**Service 400  
Chapter 28**

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## Definitions 400-28-05

(Revised 10/1/11 ML #3278)

[View Archives](#)

([NDAC 75-02-01.3-01](#)) ([NDCC 50-33-01](#))

**Adequate Notice** - Notification of Adverse Action to a household which must be generated no later than the close of business on the 3rd to the last working day of a month so the notice is received by the household no later than the date the household would normally receive benefits. Adequate Notice does not apply to the Child Care Assistance Program.

**Advance (10 Day) Notice** - Notification of Adverse Action to a household which must be mailed or given to a household at least 10 days before the date of action. Advance Notice does not apply to the Child Care Assistance Program.

**Alien** – an individual who is still a subject or a citizen of a foreign country and has not been granted US citizenship.

**Allowable Activities** – Allowable activities include work, job search, attending education or training, and approved activities under the State Job Opportunities and Basic Skills (JOBS) or Tribal Native Employment Works (NEW). These allowable activities are reimbursable under the Child Care Assistance Program.

**Allowable Postsecondary Education** - is a one or two year degree or certificate program in postsecondary or vocational school.

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**Allowable Postsecondary Student** – a student who has not earned an Associate or Bachelor's degree or any certificate of completion or diploma, who is in an allowable postsecondary education.

**Applicant** – an individual who is seeking a benefit under this program.

**Application Month** – the calendar month in which a signed and dated application is received in the county social service office.

**Approved Relative** - a provider, whose relationship to the child by marriage, blood, or court degree, is a:

- Grand-parent (including step-grandparents)
- Great-grand parent (including great step-grandparents)
- Aunt or uncle (including step-aunt or uncle)
- Sibling (including step-siblings)

**NOTE:** Siblings cannot be approved providers if the sibling resides with the child.

**Attending a Job Training or Educational Program** – an individual who is taking part in one of the following: education or training activities which may include high school, basic remedial education programs, trade school, vocational training designed to assist the individual to achieve basic literacy or training needed to secure or retain employment.

**Budgeting** – household income assigned to a payment month that is used to compute eligibility and benefit levels.

**Calendar Month** – the period of time that begins at midnight on the last day of the previous month and ends at midnight on the last day of the month under consideration.

**Caretaker** - a child's biological or adoptive parent, the spouse of the child's biological or adoptive parent, or an individual (loco parentis) acting in the place of a child's parent at the request of the parent or another with authority to make the request, but does not mean a provider.

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**Child Care Assistance Unit** - includes child(ren) through the month of their 19th birthday, parent(s), caretaker(s), stepparent(s), and the acknowledged or adjudicated father of one or more children in common in the household.

**Child Care Center** - an early childhood facility where early childhood services are provided to nineteen (19) or more children.

**Child Care Certificate** - a certificate issued by the Department of Human Services to the caretaker who is eligible for Child Care Assistance Program.

**Child Care Sliding Fee Schedule** - a system of cost sharing by a family and the Child Care Assistance Program based on income and size of the family.

**Child Support** - a voluntary or court-ordered payment by non-custodial parents for support of their child(ren).

**Citizenship** - the legal status of being a citizen of a country.

**Claim** - the result of establishing an overpayment.

**Closure** - the determination of ineligibility for benefits in an ongoing case.

**Co-pay** - the portion of an expense an individual or family is responsible to pay towards the cost of a service received.

**Collateral Contact** - an individual who confirms information about a Child Care Assistance Program (CCAP) household's circumstances but does not reside with or is not a member of the CCAP household.

**Converting** - changing something from one form to another.

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**County Social Service Office** – the social service office in each of the counties in the state.

**Crossroads** - a program for a parent, married or unmarried, male or female, who is twenty years old or younger, who has the primary responsibility for the care of his/her child and who is pursuing high school, a GED or alternative high school.

**Denial** – the determination of ineligibility for benefits on a new application.

**Department** - the North Dakota Department of Human Services.

**Department of Homeland Security** – the federal agency that regulates the Immigration and Naturalization Services (INS) Department.

**Disqualified Individual** – an individual who is ineligible for TANF due to being determined a Disqualified Alien (DA), Disqualified Fleeing Felon/Parole/Probation violator/Drug Felon (DD), or Disqualified Fraud (DF), Disqualified – Child Support (DM) or Disqualified – JOBS sanction (DI).

**Diversions** – a program funded by TANF that helps prevent needy families from becoming dependent on continuing government benefits by providing cash assistance to qualified families to promote job retention.

**Dividend** – the amount of the profit distribution a shareholder receives or the amount of surplus distribution on a policyholder receives.

**Documentation** – written statement or verification that substantiates or validates an assertion made by an individual or an action taken by a person, (i.e. pay stubs, written statement from employer or child care provider).

**Earned Income** – Income received as wages, salaries, commissions, or profits from activities in which a household is engaged through either

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employment or self-employment. There must be personal involvement and effort on the part of the household for income to be considered earned.

**Earned Income Tax Credit (EITC)** – A federal refundable tax credit for low or moderate income working individuals and families. Individuals may receive an EITC once a year as a refund. Working families with children can apply for advance payments with each paycheck.

**Employment Identification Number (EIN)** - A Federal Tax ID identified as a free nine-digit number issued by the Internal Revenue Service for banking, tax filing, and other business purposes.

**Eligible child** - child member of the care assistance unit who is eligible for payment.

**English as Second Language** – An individual who is participating in classes for English as a second language.

**Expense** – An amount subtracted from a household's income when it is intended for a specific allowable expense.

**Eligibility Criteria** – Conditions and standards an applicant or recipient must satisfy to be eligible for benefits.

**Face-to-Face Interview** – face-to-face meeting to determine initial or ongoing eligibility for assistance. A Face-to-Face interview is not required for the Child Care Assistance Program.

**Fair Hearing** – A formal hearing conducted by the Office of Administrative Hearings where a ruling is made in favor or against an adverse action that was made in the eligibility determination and benefit amount.

**Family Child Care Home** - an occupied private residence in which early childhood services are provided for no more than seven (7) children at any one time, except that the term includes a residence providing early

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childhood services to two (2) additional school-aged children during the two hours immediately before and after the school day and all day, except Saturday and Sunday, when school is not in session during the official school year.

**Family Monthly Co-pay** – the portion of the monthly child care costs the family is responsible to contribute towards the costs of their child care.

**Financial Aid** – programs that financially assists students with the cost of attending post-secondary education.

**Fraud** – obtaining, attempting to obtain, or aiding and abetting another to obtain assistance benefits to which the person is not entitled, through intentionally false statements, representations, or the withholding of material information.

**Fraud Overpayment** – an overpayment that a court or administrative disqualification hearing determines was the result of fraudulent intent.

**GED (General Education Diploma or General Equivalency Diploma)** – a high-school degree awarded after successful completion of a series of examinations instead of attendance in a traditional classroom setting.

**Group Child Care Facility or Group Child Care Home** - a child care facility where early childhood services are provided for eight (8) through eighteen (18) children or a facility, other than an occupied private residence, which serves fewer than nineteen (19) children.

**Gross Earned Income** – the income earned from employment before any deductions.

**IEVS (Income and Eligibility Verification System)** – a set of data exchanges with other state and federal sources that is used to verify income and assets of applicants for or participants of TANF, SNAP and Medicaid.

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**Immigrant** – a person who leaves a country to settle permanently in another country.

**Immigration and Naturalization Services** – a department within Homeland Security that oversees immigration related services.

**Income** – earned or unearned income received by or available to an applicant or recipient.

**Income When Received** – income which is received on a normally occurring schedule. Incidental variations of the date of receipt of income do not change the normally received date schedule.

**Indian Land Held in Trust** – real property held in trust for an Indian Tribe by the federal government.

**In-Home Provider** - any person who provides early childhood services to one or more children in the parental home.

**Initial Eligibility** – determination of eligibility for an applicant.

**Intentional Program Violation (IPV)** – an action by an individual, for the purpose of establishing or maintaining eligibility for the Child Care Assistance Program or for increasing or preventing a reduction in the amount of assistance.

**Intentional Program Violation Disqualification** - the penalty imposed for having made a fraudulent statement or representation with respect to the Child Care Assistance Program through an administrative hearing, federal or state court.

**Irregular Income** – income that is received sporadically and not received on regular pay schedule.

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**Job Opportunity and Basic Skills (JOBS) Program** – the companion program to the TANF Program, which combines components of education, training, and employment to enable participants to become self-sufficient.

**Job Search** – the time an individual spends looking for work.

**Lawful Permanent Resident (LPR)** – a status of an immigrant legally admitted to the United States on a permanent basis, under the United States Immigration and Nationality Act.

**Legal Custodian** – an individual under legal obligation to provide care for a minor.

**Level of Care** – full-time, part-time or hourly child care that is needed.

**License** - the right, authority, or permission granted by the Department of Human Services to operate a family child care home, group child care facility, child care center, or preschool educational facility. A license is required if the provider cares for six (6) or more children or cares for four (4) or more infants.

**Loco Parentis** – an individual (relative or non-relative) who is not the natural, adoptive or stepparent of the child but who assumes parental responsibilities and is physically caring for the child in their home on a 24-hour-a-day basis when the duration is expected to last over 30 uninterrupted days.

**Lump Sum** – Payments received on a recurring, non-recurring or irregular basis.

**Minor Parent** – an individual who has a marital status of never married, is under age 18, and is a natural or adoptive parent to a child. An individual is considered age 18 on the first day of the month of their 18th birthday.

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**Monthly Income** – income from any source, either earned or unearned, which is computed and reduced to monthly units for the purpose of determining eligibility and benefits. Income may be received weekly, bi-weekly, semi-monthly, monthly, intermittently, or annually, but is computed and considered monthly.

**Multiple Group Licenses** - a child care facility where two group licenses are allowed per facility if the operations are physically separate, meet all the requirement standards of a group facility, and each operate totally distinct in its day-to-day operation both on paper and in practice.

**Multiple Licensed Facility** - an early childhood facility that provides more than one type of early childhood services.

**Need** – services that are required for a child whom needs child care while a caretaker(s) is participating in an allowable activity.

**Overpayment** – benefits received that exceed the amount for which the household is eligible.

**Parent** – a child's mother or father, whether by birth or adoption, but does not include:

- An individual whose parental rights have been terminated; or
- A stepparent, when the natural or adoptive parent resides in the home.

**Paternity** – legal fatherhood established by marriage, adjudication in a court proceeding, adoption, or the voluntary acknowledgement of paternity. The United States Supreme Court has made it clear that the statutory term "parent" includes only "an individual who owed to the child a state-imposed legal duty to support."

**Pension** – a fixed sum paid regularly to disabled or retired individuals and in some instances to their dependents.

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**Preschool Educational Facility** - a facility that offers early childhood services and follows a preschool curriculum and course of study designed primarily to enhance the educational development of the children enrolled in the facility and that services no child for more than three hours per day.

**Prior Month** – the calendar month immediately before the processing month for which the income and circumstances of the Child Care Assistance Program unit are evaluated to determine the amount of child care benefits to be paid during the benefit month.

**Prospective income** – the anticipated income to be received in a future month.

**Qualified Provider** - an individual 18 years of age or older, licensed, self-declaration, registered by a Tribe, or an approved relative who provides child care.

**Recipient** - an individual who is eligible the Child Care Assistance Program.

**Recoupment** – withholding of part of the Child Care Assistance Program household's assistance benefit to recover an overpayment.

**Self-Declaration** - the process whereby the Department of Human Services maintains a record of all in-home and self-declaration providers who have stated that they have complied or will comply with the standards prescribed. Self-declaration is available, although not required, for those child care providers who care for five (5) or less children.

**Self-Employment** –employment where people work for themselves rather than an employer, are responsible for their own work schedule, do not have taxes or FICA withheld by an employer, and do not have coverage under an employer's liability or Workforce Safety and Insurance.

**Siblings** – brothers and sisters (including full, half, or step) who are related through birth, adoption, or marriage.

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**Spousal Support** – a voluntary or court ordered payment by an individual for support to their ex-spouse.

**State Maximum Monthly Share** – the maximum amount the state will pay for a child eligible for the Child Care Assistance Program in a specific month.

**State Rate** – the maximum allowable amount the state allows for each child eligible for Child Care Assistance Program based on the Child Care Sliding Fee Schedule.

**Stepparent** – a person legally married to a parent after the birth or adoption of a child who is not the parent of that child by either birth or adoption.

**Note:** A child born after a marriage is dissolved is not a stepchild to the ex-spouse.

**Temporary Absence** – period of time an individual may be physically absent from a residence but still considered to be a part of the Child Care Assistance household.

**Temporary Assistance for Needy Families (TANF)** - a program available for a limited time for families where deprivation exists for the child(ren) and income is insufficient to meet the needs of the family. This includes Transition Assistance provided to families for up to 6 months to qualified TANF households.

**Terminated Source of Income** – Income, earned or unearned, that stops or ends and is not anticipated to begin again.

**Timely Report of Changes** - a change that is reported within 10 days from the date the event occurred.

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**Timely Verified** – information that is provided within the required time frame.

**Travel time** – a reasonable time that it takes an individual to get to and from their allowable activity.

**Tribal Entity** - an organization authorized by the government of an Indian tribe within North Dakota to license, register, or otherwise recognize a child care provider operating within the jurisdiction of that Indian tribe.

**Tribal Registration** – a provider who is registered through one of the Tribal entities in North Dakota.

**Underpayment** – a correction to benefits paid a household who was originally paid less than they were eligible to receive.

**Unearned Income** – income an individual receives without being required to perform any labor or service.

**US Citizen** – the status of being a native born or naturalized citizen of the United States.

**Verification** – the process and evidence used to establish the accuracy or completeness of information from an applicant, recipient, third party, etc.

**Vocational Training** – training related to a specific trade, occupation or vocation.

**Waived Co-pay** – low income families who are not subject to Co-pay requirements.

**Work Study** – Federal or non-federally funded employment arranged for students by a post-secondary school.

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**Working** - earning a wage. Self-employment is also defined as work.

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### **Child Care Assistance Program (CCAP) Legal Authority and Program Purpose 400-28-10**

#### **Authority Reference 400-28-10-05**

(Revised 10/1/11 ML #3278)

[View Archives](#)

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 signed into law August 22, 1996 collapsed all child care programs into one entitled Child Care and Development Fund.

Effective October 1, 1996 this program created a simplified program using the same regulations for all child care needs.

These include:

1. Families receiving Temporary Assistance for Needy Families ([TANF](#)) benefits and who are involved in work or training activities and families who are transitioning off such benefits
2. Families receiving Diversion benefits
3. Families eligible for [Crossroads](#)
4. Low income families who are in [need](#) of assistance of child care to keep from becoming dependent on other assistance programs

Federal regulations may be found at Title 45 Department of Health and Human Services, Part 98, Child Care and Development Block Grant Act of 1990, section 5082 of the Omnibus Budget Reconciliation Act of 1990, Public Law 101-508 as amended and codified at 42 U.S.C. 9858.

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### **Goals and Purposes 400-28-10-10**

(Revised 10/1/11 ML #3278)

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The goals of the Child Care and Development Fund (CCDF) are to:

1. Allow states maximum flexibility in developing child care programs and policies that best suit the needs of the children and [caretakers](#) within the state
2. Promote caretaker choice to empower [working](#) caretakers to make their own decisions on the child care that best suits their family's needs
3. Encourage states to provide consumer education information to help caretakers make informed choices about child care
4. Assist states to provide child care to caretakers trying to achieve independence from public assistance
5. Assist states in implementing the health, safety, licensing, and registration standards established in state regulations

The purpose of the CCDF is to increase the availability, affordability, and quality of child care services. The program offers Federal funding to States, Territories, Indian Tribes, and the tribal organizations in order to:

1. Provide low-income families with the financial resources to find and afford quality child care for their children
2. Enhance the quality and increase the supply of child care for all families, including those who receive no direct assistance under the CCDF
3. Provide caretakers with a broad range of options in addressing their child care [needs](#)
4. Strengthen the role of the family
5. Improve the quality of, and coordination among, child care programs and early childhood development programs
6. Increase the availability of early childhood development, and before/after-school care services

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The federal regulations provide the basis for administration of the CCDF by providing that Lead Agencies:

1. Maximize caretaker choice through the use of [certificates](#) and through grants and contracts
2. Include in their programs a broad range of child care providers, including [center](#)-based care, family child care, [in-home](#) care, care provided by relatives, and faith based child care providers
3. Provide quality child care that meets applicable requirements;
4. Coordinate planning and delivery of services at all levels
5. Design flexible programs that provide for the changing needs of families;
6. Administer the CCDF responsibly
7. Design programs that provide uninterrupted service to families and providers, to the extent statutorily possible

In addition to the monies to be used for child care payments, quality monies in the grant are used for:

1. Licensing
2. Resource and referral services
3. Monies specified for services to specific children population groups such as infants and toddlers

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### Administrative Requirements 400-28-15

#### Confidentiality 400-28-15-05

(Revised 10/1/11 ML #3278)

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Information concerning households receiving assistance through the Child Care Assistance Program (CCAP) may be released only for the purposes directly connected with the administration of Economic Assistance Programs, Medicaid and Healthy Steps.

If a [caretaker](#) wishes the provider to be able to obtain information, the caretaker must sign an authorization of disclosure using the [SFN 1059 'Authorization to Disclose Information'](#).

Without a signed Authorization to Disclose Information, the only information that can be disclosed to a provider is whether the caretaker has applied or is receiving CCAP and if a payment has been issued to the provider on behalf of the family.

If a provider inquires as to why payment has not been made, no information can be disclosed without a current Authorization to Disclose Information.

Information **cannot** be disclosed on a CCAP [certificate](#) displaying the type(s) of program(s) that the caretaker may be on ([TANF](#), [JOBS](#), etc.).

Federal and state law recognizes the privacy rights of individuals who receive services and assistance under programs administered by the [county social service office](#). Confidentiality safeguards go into effect from the initial contact between the client and the county social service office. Initial contact may be as early as an inquiry about the application process or availability of services, depending on what personally identifying information was obtained. The safeguards apply to any personally identifying information, whether written or oral, and whether or not it is

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incorporated into the client's records. Safeguards continue to be in effect as long as services or assistance are provided and continue afterwards indefinitely. They are not terminated by the cessation of services or assistance, or by the client's death. Safeguards continue to be in effect indefinitely even for [applicants](#) who do not become [recipients](#).

Information concerning households receiving CCAP can be released for purposes directly connected with the administration of the program. Agencies and individuals other than those specified below, who are requesting information concerning households receiving CCAP must obtain and provide a signed Authorization to Disclose Information from the caretaker/individual, legal guardian or an agency who has care, custody and control of a child prior to the information being disclosed.

This includes:

1. Information regarding an individual who received assistance in one case and is now being added to another case or applying on their own behalf, cannot be transferred from the old case file to the new case file without a signed Authorization to Disclose Information from the caretaker of the old case with the following exceptions:

**Exception#1:** The individual added to the new case or applying on their own behalf is now an adult (18 years of age) eligible in their own right and was a child in the previous case. If the individual indicates they received assistance in another case that individual's information can be added to the new case without a signed Authorization to Disclose Information.

**Exception #2:** Both [parents](#) of a child were part of the old case and the caretaker of the new case is one of the parents from the old case and no legal action has been filed (separation, divorce, etc.).

**Note:** Once legal action has been initiated, information from the old case cannot be added to the new case without a signed Authorization to Disclose Information.

2. Information being requested by other individuals within the county social service office or a partner agency (county social workers, housing assistance program staff, Treatment Homes (PATH), Division of Juvenile Services (DJS), Tribal Social Services staff, etc.), provided the information is not for the purpose of determining eligibility for

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CCAP, cannot be released without a signed release of information from the caretaker, with the following exceptions:

**Exception #1:** [Verification](#) of a child's Social Security Number and birth verification may be shared with a social worker or eligibility worker within the county social service office in order to determine eligibility for Foster Care Program.

**Exception #2:** When an employee of a social service agency in another State requests information regarding an individual applying for or receiving assistance in that State:

1. If the individual was the caretaker of a case in North Dakota, any information contained in the case file can be released without a signed Authorization to Disclose Information.
2. If the individual was not the caretaker of a case in North Dakota, only that individual's information can be released.

**Exception #3:** Upon the written request of an elected public official, the name, address, and amount of assistance received by a CCAP household may be released without a signed Authorization to Disclose Information.

**Exception #4:** Upon the request of the state or county child care licensing staff, information may be released when needed for licensure purposes.

Information from the following interfaces can be used to determine eligibility for CCAP when the individual is also in receipt of assistance through TANF, SNAP or Health Care Coverage program. However, the confidentiality rules for TANF, SNAP and Health Care Coverage applies to information received through these interfaces:

- Social Security Administration (SSA)
- Internal Revenue Service (IRS)
- Unemployment Insurance Benefits (UIB) information
- Quarterly Wage Match from Job Service

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For individuals who are not receiving assistance through TANF, SNAP or Health Care Coverage program, the interface information from SSA IRS or UIB cannot be used to determine eligibility for CCAP.

When TANF, SNAP or Health Care Coverage programs close and CCAP remains open, at the time the other program(s) close, the interface information from SSA or IRS cannot be used to determine eligibility for CCAP.

**Note:** The information that is currently being used for CCAP at the time the other program(s) closes continues to be used until the next time that income is redetermined. At the time the [income](#) is redetermined, if the TANF, SNAP or Health Care Coverage programs remain closed the SSA or IRS interface cannot be used.

Information received from Job Service North Dakota through the Unemployment Insurance Benefits (UIB) and quarterly wage match can only be used for the administration of CCAP. The interface information cannot be released to the client or any other agency.

In accordance with the agreement with Vital Statistics, the Vital Statistic information is owned by Vital Statistics at the State Health Department. Information received through the Vital Statistics Interface is to be used by eligibility workers to verify birth and association information for applicants and recipients. This information cannot be released to the applicant or recipient or any other agency and can only be used for the purpose of determining eligibility.

For additional considerations, including guidelines to county personnel who are subpoenaed to testify in court, see:

1. Service Chapter 110-01, Confidentiality
2. Service Chapter 449-05-30, Confidentiality and Safeguarding Information
3. North Dakota Administrative Code (N.D.A.C.) Section 75-01-02

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### **Discriminatory Practices Prohibited 400-28-15-10**

(Revised 10/1/11 ML #3278)

[View Archives](#)

The North Dakota Department of Human Services and county social service boards, directly or through contractual or other arrangements, on the basis of race, color, religion, sex, national origin, age, or handicap, shall not:

1. Deny any individual aid, care, services, or other benefits provided under this program
2. Provide any aid, care, services, or other benefits to an individual which is different or is provided in a different manner from that provided to others under the program
3. Subject an individual to segregation or separate treatment in any manner related to receipt of any aid, care, services, or other benefits provided under the program
4. Restrict an individual in any way in the enjoyment of any advantage or privilege enjoyed by others receiving any aid, care, services, or other benefits provided under the program
5. Treat an individual differently from others in determining whether the individual satisfies any eligibility or other requirement or condition which individuals must meet in order to receive any aid, care, services, or other benefits provided under the program
6. Deny any individual an opportunity to participate in the program through the provision of services or afford the individual an opportunity to do so which is different from that afforded others under the program (including the opportunity to participate in the program as an employee where the primary objective of the federal financial assistance to the program is to provide employment, including a program under which the employment is provided to reduce unemployment)

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### **Mandatory Verifications 400-28-15-15**

(Revised 10/1/11 ML #3278)

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Eligibility for the Child Care Assistance Program (CCAP) is determined primarily by information supplied by the [applicant/caretaker](#). Certain conditions of eligibility must be supported by conclusive, documenting evidence.

At time of application, 6 month review, or when a new member is added to the household, the household is required to provide the following [verifications](#):

- Identity of Applicant/Caretaker(s)
- [Citizenship](#) for children for whom CCAP benefits are being requested
- Age for children for whom CCAP benefits are being requested
- Caretaker's association to the child(ren) for whom CCAP benefits are being requested
- Verification of education
- Court ordered [child support](#) or court ordered [spousal support](#) deduction;
- All [income](#) received by the family, to include all earned, unearned and [self-employment](#) income

Should the applicant/caretaker be unable to obtain the required verifications, the eligibility worker may assist with obtaining the information.

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### Application 400-28-20

#### Requesting an Application 400-28-20-05

(Revised 10/1/11 ML #3278)

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[NDAC 75-02-01.3-02](#)

An application is a formal request for the Child Care Assistance Program using one of the following:

- [SFN 598](#) Child Care Assistance Program Application
- [SFN 405](#) Application for Assistance
- The Electronic Application (OASYS) found on the Department of Human Service Website
- [SFN 841](#) Child Care Assistance Program Review

**Note:** If a case has closed for no review, a review form may only be used in the month following the month of case [closure](#).

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### **Date of Application and Benefit Start Date 400-28-20-10**

(Revised 10/1/11 ML #3278)

[View Archives](#)

#### [NDAC 75-02-01.3-02](#)

The date of the application is the date the signed application is received in the [county social service office](#). An application can be submitted to the county social service office in person, by mail, by fax or electronically.

The county social service office must document the date an application is filed by recording the date the application was received on the application.

The application must be signed to be considered an application. The application is considered signed if the signature is found anywhere on the application, other than in answer to a question contained therein.

If an unsigned application is received and has been date stamped by the county social service office, the unsigned application must be returned to the applicant. If the same application, now signed by the [applicant](#), is returned to the county social service office, that office shall date stamp the application with the date the signed application is received. Document in the case file the correct application received date.

Regardless of the means of submittal (in person, by fax, by mail or via electronically filing), an application received after business hours is considered received on the next business day.

The benefit start date will be the first day of the month the **signed and dated** application is considered received in the county social service office or the earliest date of eligibility.

An individual applying for the Child Care Assistance Program (CCAP) may request assistance for the month prior to the month the application is

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received by so indicating on the application. Eligibility can be extended to the [prior month](#) if the applicant requesting such assistance meets all other CCAP eligibility requirements for the prior month.

If an application is received with a request for a prior month and eligibility for the prior month had been previously established, a new eligibility determination **is not** made for the prior month based on the new application. The previous determination remains valid.

If a caretaker did not request the prior month at the time of application, but later discovers a [need](#), the applicant can request and provide all information for the prior month no later than the last day of the 5th month following the month of application as payment is contingent upon CCAP billing forms being submitted within 6 months the month care was provided.

**Example:** A caretaker submits an application for CCAP in August, and in November the caretaker informs the eligibility worker of the need for assistance with July expenses. The caretaker must submit all information to process the payment by January 31st.

All such requests must be made in writing, with eligibility established based on the information that existed in that month. The eligibility worker must notify the family of the eligibility decision.

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### Timeliness Standards for Processing Applications 400-28-20-15

(Revised 10/1/11 ML #3278)

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#### [NDAC 75-02-01.3-02](#)

The processing timeframe for an application starts from the date the signed application is received in the [county social service office](#). If the [application month](#) is denied or withdrawn and benefits for the following month are requested, the processing timeframe starts effective the first of the following month.

The Child Care Assistance Program (CCAP) does not require a [face-to-face interview](#) in order to determine eligibility.

A child care billing report form is not required to process an application.

Except in extenuating circumstances, a decision to either approve or deny an application must be made no later than 15 days following the day the signed and dated application is received in the county social service office. Formal action (either approval or [denial](#)) must be taken on each month assistance is requested. If an application is not acted upon within the 15-day time frame due to extenuating circumstances, the case file must contain documentation identifying the extenuating circumstances that caused the delay.

If all the information needed to determine eligibility is not provided with the application, the application must be pended and a notice sent informing the [applicant](#) of the documents required. The 'pend' notice must clearly identify the information needed for the application month as well as any [prior month](#)(s) being requested.

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The applicant has 10 days from the print date of the pending notice to provide the required information/[verifications](#). When the 10th day falls on a weekend or holiday, the information is deemed to have been provided timely if received by the county social service office by close of business the first business day following the weekend or holiday.

An application is pending for additional information cannot be denied prior to the 15th day following the date of filing or the end of the 10th day from the print date of the pending notice, whichever is later. However, if it is determined the applicant is not eligible, the application can be denied at any time prior to the 15th day.

If the applicant does not provide the information requested in the pending notice for **any** of the months requested, each month that was requested must be denied.

If the applicant provides information for one month but not the other month(s), the month that the information was provided for can be processed and the other month(s) must be denied.

- If the applicant who requested but is not eligible for child care for the prior month is eligible for the month of application, the prior month is denied and the application is approved, effective the first of the application month.
- If the applicant who requested child care for the prior month is eligible for the prior month but not for the month of application, the prior month is approved, effective the first day of the prior month and the case is closed as of the last day of the prior month. The same application would be processed for the application month and denied.
- If the applicant who requested child care for the final two months of TANF is not eligible for the first month but is eligible for the second month, the application is denied for the first month and approved for the second month.
- If the applicant who requested child care for the final two months of [TANF](#) is eligible for the first month but not the second month, the application is approved for the first month and closed at the end of the first month. The same application would be use to process the denial for the second month.

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Depending on the month of application, additional months may need to be processed using the same application.

An application may be withdrawn at any time prior to a decision being rendered. The request to withdraw the application can be made in writing or verbally by the applicant.

If an individual applies for CCAP and TANF at the same time, the application for CCAP must be pended until TANF eligibility is known.

If an individual applies for CCAP and TANF at the same time, requests CCAP for the prior month, and all information needed to process the prior month has been submitted, the prior month can be processed. In this situation the prior month is processed as [Co-pay](#) using actual [income](#) and a one month [certificate](#) issued. The case must be closed as of the last day of the prior month. The application month would be pended until TANF eligibility is known.

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### New Application Required 400-28-20-20

(Revised 10/1/11 ML #3278)

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[NDAC 75-02-01.3-02](#)

A new application is required in the following circumstances:

1. Upon a family's initial request for assistance
2. When a Child Care Assistance Program (CCAP) case is in closed, denied or withdrawn status; unless the closed, denied, or withdrawn status was caused solely by administrative error
3. When there is a change in the [caretaker](#)
4. TANF cases where child care is needed through the CCAP

**Note:** If a TANF recipient was using child care as an [expense](#) deduction while receiving TANF and the TANF case closes, due to retrospective [budgeting](#) the expense deduction was not used during the final two months of TANF. If the recipient [needs](#) assistance with child care expenses for the final two months of TANF, the recipient must apply for CCAP no later than the last day of the month following the month the TANF case closed.

5. When a case is closed for no review and the review form was not submitted in the month following case [closure](#), thus resulting in a break in assistance of a full [calendar month](#)

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### New Application Not Required 400-28-20-25

(Revised 10/1/11 ML #3278)

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[NDAC 75-02-01.3-02](#)

A new application **is not required** in the following circumstances:

1. To approve a case denied in error or reopen a case when it has been closed due to agency error
2. If a case closes for no review, a review form may be used in the month following the month of case [closure](#)
3. If the [applicant](#) is not eligible in the month of application, the application must be denied. The same application can be used to determine eligibility for the month following the month of [denial](#). In this situation, the [application month](#) becomes the month following the month of denial and the application received date is the first day of the month following the month of denial. The application cannot be used for more than two months **except** when eligibility needs to be determined in the [prior month](#).

**Example:** An individual applies for the Child Care Assistance Program in April and request child care for the prior month of March. The individual is eligible for March but not eligible for April.

- The application is approved for March and closed March 31 because the individual is not eligible for April.
- The application must be denied for April.
- If eligible for May, the same application can be used.

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### **Application Process 400-28-20-30**

(Revised 10/1/11 ML #3278)

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[NDAC 75-02-01.3-02](#)

The application process **may** include the following steps:

1. An [applicant](#) contacts the [county social service office](#)
2. County social service office staff advises the applicant of the right to file an application, explain how and where to apply, and, if necessary, assist the applicant with completing the application
3. An applicant files an application for assistance
4. If the submitted application does not have all required verifications, the eligibility worker must send a pending notice informing the applicant of the verifications needed.
5. The applicant provides required [verifications](#)
6. The eligibility worker determines eligibility and, if approved, the date eligibility begins
7. The eligibility worker notifies the applicant of eligibility or ineligibility and the reasons
8. The eligibility worker ensures that the applicant understands program and requirements (i.e., verifications, billing forms, receipts, provider requirements and reporting responsibilities, etc)

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### Six (6) Month Review 400-28-25

#### SIX (6) Month Review 400-28-25-05

(Revised 10/1/11 ML #3278)

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A review must be completed every 6 months. The 6 month review is due in the last month of the [certificate](#) period.

An [SFN 841](#), "Child Care Assistance Program Review" form is automatically sent to the [caretaker](#) in the month prior to the last month the certificate is valid. The caretaker must submit the completed and signed SFN 841, "Child Care Assistance Program Review" form in order for eligibility to be continued. The review form is considered signed if the signature is found anywhere on the review form, other than in answer to a question.

If an unsigned review is received and has been date stamped by the [county social service office](#), the unsigned review must be returned to the caretaker. If the same review, now signed by the caretaker, is returned to the county social service office, that office shall date stamp the review with the date the signed review is received. Document in the case file the correct review received date.

A completed, signed and dated SFN 841, "Child Care Assistance Program Review" is due in the county social service office by the 10th day of the final month covered by the current certificate. Failure to submit a completed and signed form by the last day of that month will result in case [closure](#).

An incomplete review must be completed within 30 days from the date the review is received in the county social service office. If the 30th day from receipt of the review extends into a future month and the family either fails to provide the required information or is determined ineligible, Child Care Assistance Program (CCAP) case is closed at the end of the month in which the review was due.

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CCAP does not require a face-to-face interview in order to determine eligibility.

If all the information is not provided with the review, the review must be pended and a pending notice must be sent. The caretaker must be allowed at least 10 days from the date of the notice to provide necessary [verifications](#). When the 10th day falls on a weekend or holiday, the information is deemed to have been provided timely if received by the county social service office by close of business the first business day following the weekend or holiday.

A review pending for additional information **cannot** be denied prior to the 30th day from the date of receipt. However, if it is determined the caretaker is not eligible, the review can be denied at any time prior to the 30th day.

Except in extenuating circumstances, a decision to either approve or deny a review must be made no later than **30 days** following the receipt of the signed and dated review in the county social service office. Document in the case file the cause(s) of any delay.

If the caretaker does not complete the review or provide all required verifications within the 30 days from the date of filing and no extenuating circumstances exists, the review must be denied and a [denial](#) notice sent to the caretaker.

An [applicant](#) may withdraw a review any time prior to an eligibility decision being rendered. The request to withdraw the review can be made in writing or verbally by the applicant.

Adequate or [advance notice](#) is not required for any action taken on a review.

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### **Review Form Received After the Case Closed 400-28-25-10**

(Revised 10/1/11 ML #3278)

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When a case closes for no review and the review form is submitted in the month following the case [closure](#), the review form can be used as an application. All application processing applies.

If the review form is received after the month following the month of case closure, a new application is required. The review form cannot be used as the application.

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### **Eligible Children 400-28-30**

(Revised 10/1/11 ML #3278)

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#### [NDAC 75-02-01.3-01](#)

An eligible child in the family or household is a child who needs child care and who:

1. Is under age 13
2. Is at least age 13, but under age 19, and who is physically or mentally incapable of caring for themselves as verified in writing by a physician or a licensed /certified psychologist
3. Is at least age 13, but under age 19, and is in need of supervised care as specified in a court order
4. Is a citizen or has a resident [alien](#) status
5. Is a child receiving SSI in a [TANF](#) household

A child will be considered "under age 13 or 19" through the month of the child's birthday.

Foster care children are not eligible for the Child Care Assistance Program (CCAP) as the Foster Care program provides for this service.

All eligibility information must be provided for each child for whom CCAP benefits are being requested. Any child for whom all information is not provided is not eligible for CCAP. However, that child is included in the household size and their [income](#) is considered.

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### Household Composition 400-28-35

#### Child Care Assistance Unit 400-28-35-05

(Revised 10/1/11 ML #3278)

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The household must include the child(ren) for whom assistance is being requested and:

- The natural, adoptive or [stepparent\(s\)](#)
  - All [siblings](#), (including half and step-siblings) who are under age 19
- Note:** When [paternity](#) of a child in common is verbally acknowledged or legally adjudicated, both parents and the children of both [parents](#) must be included in the unit.

If the child(ren) for whom assistance is being requested resides with a [loco parentis](#), the household must include:

- The sibling(s) (including half and step-siblings) of the child for whom assistance is being requested
- The loco parentis and spouse of the loco parentis
- The loco parentis' and spouse's children under age 19

A minor parent who [needs](#) child care for their child(ren) and who is residing in his/her parents' home is considered a separate household and must apply on their own behalf.

- If the minor parent is determined eligible for [TANF](#) or Diversion the case is considered TANF for the Child Care Assistance Program (CCAP).
- If the minor parent is determined eligible for Crossroads, the case is considered [Crossroads](#) for CCAP.
- All other minor parents are subject to [Co-pay](#), unless the minor parent is in receipt of TANF, Diversion, or Crossroads.

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If a minor parent is residing with their parent(s) and the parent(s) have a child(ren) for whom child care is requested, the minor parent and the minor parent's child(ren) are not considered members of their parents' case.

The following individuals are excluded from the household count:

- Children 19 years of age or older (child is considered 19 years of age through the month of the child's birthday)
- Any child for whom the household receives Foster Care payments
- An individual in the household who is not the [caretaker](#) or sibling of the child and not acting as loco parentis
- Parent(s) and other family members of a minor parent when the minor parent is requesting CCAP assistance
- An individual disqualified because of a Child Care Assistance Program [Intentional Program Violation](#)

**Note:** The [income](#) and [expenses](#) of an individual who has an Intentional Program Violation continues to be considered.

A child visiting a home where the duration is expected to last over 30 uninterrupted days is considered a household member for the period of time they are in that home.

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### **Caretaker Temporarily Out of Home 400-28-35-10**

(Revised 10/1/11 ML #3278)

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A household with one [caretaker](#) living apart from the children either in state or out of state, due to employment, education, training, or uniformed service may be eligible for the Child Care Assistance Program (CCAP) through the month in which they leave. The case must be closed and the new caretaker(s) with whom the child(ren) reside must apply. Should the first caretaker return home, the case for the second caretaker must be closed and the first caretaker must reapply.

A household with two caretakers where one of the caretaker's is temporarily living apart from the other caretaker and child(ren), either in state or out of state, due to employment, education, training, or uniformed service, is not considered absent from the home as long as he or she continues to function as a caretaker; even if the level of support or care is reduced. The caretaker is counted as a household member and all gross countable [income](#) and allowable [expenses](#) are used to determine CCAP income eligibility.

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### **Disability of a Caretaker 400-28-35-15**

(Revised 10/1/11 ML #3278)

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In a household with two [caretakers](#), child care can be allowed when one of the caretakers is in an allowable activity and the other caretaker is disabled and the disabled caretaker is unable to care for the child(ren). Verification from the disabled caretaker's physician must be obtained indicating the disabled caretaker cannot care for the child(ren).

The individual has to be deemed disabled by the Social Security Administration. Presumptive Supplemental Security Income (SSI) does not meet this criteria.

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### **Disqualified Caretaker 400-28-35-20**

(Revised 10/1/11 ML #3278)

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Disqualifications imposed by programs other than [TANF](#) do not apply or affect assistance under the Child Care Assistance Program.

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### Joint Custody 400-28-35-25

(Revised 10/1/11 ML #3278)

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If the [parents](#) have joint custody, each parent may apply for child care on their own behalf for the period during which the child(ren) reside with them and the related costs incurred.

If a [caretaker](#) eligible for the Child Care Assistance Program (CCAP) has custody of a child and that child's absent parent is court ordered to pay a portion of their child care, CCAP will only consider the caretaker's portion of the child care. However, if the caretaker can demonstrate that the absent parent is not paying their portion of child care, CCAP may consider the total child care [expenses](#) being billed.

**Note:** To verify whether an absent parent is court ordered to pay a portion of the child care, a copy of the court order must be obtained.

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### **Crossroads Families Eligibility 400-28-40**

(Revised 10/1/11 ML #3278)

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The [Crossroads](#) Program is designed to assist with child care costs for individuals who are:

- [Parents](#) up to 21 years of age (prior to the month the parent turns 21 years of age)
- Parents who are male or female
- Parents who are married or unmarried
- Parents who have the primary responsibility for the care of their child
- Parents who are pursuing high school, a [GED](#) or alternative high school

The parent must be referred to the [county social service office's](#) Crossroads worker.

The parent must apply for the Child Care Assistance Program (CCAP) by completing an application for CCAP at the time they are applying for Crossroads. Upon receipt of the Crossroad's approval letter, the individual is eligible for CCAP to cover the costs of child care.

A copy of the Crossroads approval letter must be submitted to CCAP to verify the parent(s) is eligible for Crossroads. The approval letter shows the period of time the parent is eligible for Crossroads.

While an individual is eligible for Crossroads, work related child care for that individual can be reimbursed under CCAP. In these situations, the [certificate](#) must reflect education and work.

A parent, who participated in Crossroads in the previous school period and who intends to participate in Crossroads for the next school period is eligible for Crossroads coverage during the break between the two school periods even if the parent is only [working](#) during that time. At the time it is learned that the individual will not be returning to school, eligibility as a Crossroads family ends.

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When an individual eligible for Crossroads is married or resides with the parent of the child, CCAP will pay the Crossroads approved child care without regard to the activities or [income](#) of the spouse or second parent.

An SSI child in a Crossroads family is considered a Crossroads case as that child is eligible as Crossroads whether in receipt of SSI or not in receipt of SSI.

If the parent is not eligible for or chooses not to participate in the Crossroads Program, the parent can apply for CCAP and if all other program criteria is met, be eligible and is subject to the [Co-pay](#).

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### TANF Families Eligibility 400-28-45

#### Waived Co-Pay for TANF Recipients 400-28-45-05

(Revised 10/1/11 ML #3278)

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The [Co-pay](#) requirement is waived for child care that is a result of participation in an approved activity of a [caretaker](#) in receipt of or deemed in receipt of [TANF](#) or Diversion. This includes child care for an SSI or ineligible child whose caretaker is receiving TANF, TANF Transition or Diversion Benefits.

**Note:** Payment of child care is subject to Co-pay when the child care is a result of an activity for a TANF caretaker who is:

- In receipt of SSI
- A Disqualified [Alien](#) or
- An ineligible non-legally responsible caretaker

Families not subject to the Co-pay requirements are not subject to the [income](#) requirements for the Child Care Assistance Program. These families do not have to provide [verification](#) of their income in order for their eligibility to be determined.

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### Caretakers Who Receive or are Deemed to be Receiving TANF 400-28-45-10

(Revised 10/1/11 ML #3278)

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[NDAC 75-02-01.3-04](#)

Individuals are considered in receipt of [TANF](#) during months in which:

- An individual receives a TANF or Transition Assistance benefit
- A TANF grant is suspended for the reason of extra check from a recurring source
- The TANF household receives a zero benefit because the TANF benefit is less than \$10.00 (TANF does not issue benefits for less than \$10)
- Child care expenses were not allowed as a deduction from [income](#) in the final two (2) months of TANF eligibility
- An individual is sanctioned for non-cooperation with the [JOBS](#)/Tribal NEW Program or Child Support Enforcement
- An individual disqualified from TANF for an [Intentional Program Violation](#) (IPV)
- An individual is disqualified from TANF because of a drug felony, fleeing felon or a parole or probation violator
- An individual is disqualified from TANF for [Fraud](#)
- An individual receives a Diversion benefit

The Child Care Assistance Program can pay child care costs for [allowable activities](#) in which a TANF [caretaker](#) is participating. These cases are not subject to [Co-pay](#) requirements.

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### **Non-Recipient Caretakers of TANF (SSI, Disqualified Alien or Non-legally Responsible Caretakers) 400-28-45-15**

(Revised 10/1/11 ML #3278)

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[NDAC 75-02-01.3-04](#)

The Child Care Assistance Program (CCAP) can pay child care for [allowable activities](#) in which an SSI, disqualified [alien](#) or non-legally responsible [caretaker](#) is participating. However, these cases are subject to [Co-pay](#) requirements.

[Income](#) of the household members is counted and the household size must include all caretakers and all children, including the [TANF](#) children. The TANF benefit for the child(ren) is disregarded as income. All other CCAP requirements must be met.

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### **Unmarried TANF Households - No Children in Common 400-28-45-20**

(Revised 10/1/11 ML #3278)

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When a [TANF](#) household consists of two unmarried adults who each have a child(ren) but do not have a child(ren) in common, each must apply for the Child Care Assistance Program on their own behalf. A separate application from each [caretaker](#) and two separate cases must be established.

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### **Unmarried TANF Households - Children in Common 400-28-45-25**

(Revised 10/1/11 ML #3278)

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[NDAC 75-02-01.3-04](#)

When a [TANF](#) household consists of two unmarried adults who each have a child(ren) and a child in common, each must apply for the Child Care Assistance Program on their own behalf. A separate application from each [caretaker](#) and two separate cases must be established.

- If only one caretaker is eligible for TANF, the child in common must be included in the case with the TANF recipient.
- If both caretakers are eligible for TANF, the child in common must be placed in the case of the TANF primary individual.

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### **Married TANF Households 400-28-45-30**

(Revised 10/1/11 ML #3278)

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When a [TANF](#) household consists of two married adults, whether each has children of their own or they have children in common, only one application is required and only one case is established.

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### **Final Two Months of TANF 400-28-45-35**

(Revised 10/1/11 ML #3278)

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[NDAC 75-02-01.3-04](#)

A North Dakota [TANF](#) case that had been using child care costs as an [expense](#) deduction for TANF and who incurred payable child care expenses during the last two months the TANF case was open will not have received the child care disregard for those last two months if the family was subject to the TANF program's retrospective budget methodology. These expenses can be paid under the Child Care Assistance Program (CCAP) and are considered [Waived Co-pay](#).

If the former TANF recipient does not have an open CCAP case, an application must be submitted by the end of the month following the month the TANF case closed. If the application is not submitted by the end of the month following the month the TANF case closed, child care cannot be paid under CCAP for the final two months of TANF.

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### Child Care for TANF Recipients 400-28-45-40

(Revised 10/1/11 ML #3278)

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[NDAC 75-02-01.3-04](#)

The Child Care Assistance Program (CCAP) will pay child care for [TANF](#) recipients **only** if the allowable activity is identified and the child care is approved on the [JOBS](#) or Tribal New Employability plan. Child care for any allowable activity not identified on the employability plan **cannot** be paid through CCAP.

When a TANF recipient who is required to participate in the JOBS Program is not participating, child care will be paid for any activity the individual is participating in that is listed on the latest employability plan until the TANF case closes.

**Example:** Mom is required to participate in the JOBS Program in Job Search but fails to provide information to her case manager. The case manager completes the 'good cause' process and a sanction is imposed for October.

If Mom submits child care expenses for the months of September and October while searching for a job, since the latest employability plan lists her activity as Job Search and the Mom continues to be a JOBS participant through October 31st, the child care expenses for September and October while searching for a job can be paid.

Should the child care expenses for the month of September and October be a result of an activity not listed on the employability plan, those child care expenses cannot be paid unless Mom begins participating in the JOBS program and a new employability plan is received that includes these activities.

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TANF recipients who are not required to participate in the JOBS or Tribal NEW programs must volunteer to participate in the program in order for their child care to be paid through CCAP.

TANF households may choose to use child care expenses as a TANF earned income disregard up to the TANF maximum allowable costs or they may receive assistance under CCAP. Households may not receive the disregard and have child care paid under CCAP in the same month.

If a [minor parent](#) in the TANF household [needs](#) child care to complete high school or its equivalent, the minor parent should be informed of and referred to the [Crossroads](#) Program. (Refer to section [400-28-40](#), Crossroads Families Eligibility).

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### **Processing of Child Care Assistance for TANF or Diversion Applicants and Recipients 400-28-45-45**

#### **Initial TANF or Diversion Application/Initial Child Care Assistance Program Application 400-28-45-45-05**

(Revised 10/1/11 ML #3278)

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[NDAC 75-02-01.3-04](#)

In addition to applying for [TANF](#) or Diversion, an [applicant](#) or [recipient](#) must also apply for the Child Care Assistance Program (CCAP) if there is a need for child care. If TANF or Diversion and CCAP are approved for the same month, the CCAP case is approved as [Waived Co-pay](#).

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### **Initial TANF or Diversion Application/Ongoing Child Care Assistance Program 400-28-45-45-10**

(Revised 10/1/11 ML #3278)

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[NDAC 75-02-01.3-04](#)

A [TANF](#) or Diversion [applicant](#) who has an ongoing Child Care Assistance Program (CCAP) case will be approved as [Waived Co-pay](#) effective the month TANF or Diversion is approved. Child care expense for months prior to TANF or Diversion approval would be covered using the existing [certificate](#) (which would reflect Co-pay).

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### **Initial Child Care Assistance Program Application/Ongoing TANF or Diversion Case 400-28-45-45-15**

(Revised 10/1/11 ML #3278)

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An ongoing [TANF](#) or Diversion case that applies for the Child Care Assistance Program (CCAP) and is approved for CCAP in a month the case is eligible for TANF or Diversion will be a [Waived Co-pay](#) effective the month CCAP is approved.

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### **Ongoing TANF or Diversion/Ongoing Child Care Assistance Program 400-28-45-45-20**

(Revised 10/1/11 ML #3278)

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[TANF](#) or Diversion recipients continue to be eligible for the Child Care Assistance Program (CCAP) as [Waived Co-pay](#) as long as all other CCAP program requirements are met.

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### TANF or Diversion Case Closure and Continued Child Care Assistance Program 400-28-45-45-25

(Revised 10/1/11 ML #3278)

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If a [TANF](#) or Diversion case closes and there **is a known** allowable activity, the [certificate](#) must be updated in the month following the case closure for TANF or Diversion. Effective the month following the month of TANF or Diversion case [closure](#) the case becomes [Co-pay](#).

If a TANF or Diversion case closes and there **is not a known** allowable activity which continues, a closing notice must be sent to close the Child Care Assistance Program case at the end of the month equal to the TANF Closure.

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### **Ineligible/SSI Children Whose Caretaker receives TANF or Diversion 400-28-45-45-30**

(Revised 10/1/11 ML #3278)

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[NDAC 75-02-01.3-04](#)

Ineligible/SSI children whose [caretaker](#) is receiving [TANF](#) or Diversion, must have their child care paid through the Child Care Assistance Program (CCAP) since their child care expenses cannot be used as an expense deduction in TANF or Diversion. Since the caretaker is in receipt of TANF, the children are considered part of the TANF household for CCAP purposes.

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### **Non-Financial Eligibility Requirements 400-28-50**

#### **Residence 400-28-50-05**

(Revised 10/1/11 ML #3278)

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[NDCC 50-33-05](#)

Only families physically residing within the boundaries of North Dakota are eligible for the Child Care Assistance Program (CCAP). There is no state residence duration requirement for eligibility for CCAP.

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### **Identity of Applicant/Caretaker(s) 400-28-50-10**

(Revised 10/1/11 ML #3278)

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The [caretaker's](#) identity must be verified.

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### **Documentation/Verification of Identity of Applicant/Caretaker 400-28-50-10-05**

(Revised 10/1/11 ML #3278)

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The following is a partial listing of documents or records that may be used to verify a [caretaker's](#) Identity:

- Driver's license
- Picture ID
- School, work, hospital or health care identification
- Wage stubs
- Bank records
- Utility records
- Mortgage/rent receipt and/or lease agreement
- Birth Certificate, whether:
  - A certified copy from Vital Records
  - An uncertified copy of the 'Certificate of Live Birth' (Yellow Copy)
  - A 'Souvenir' copy if signed by both the attending physician and president/administrator of the hospital

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### **Caretaker/Child Association 400-28-50-15**

(Revised 10/1/11 ML #3278)

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[NDCC 50-33-02](#)

The [caretaker's](#) association to the child for whom Child Care Assistance Program benefits are being requested must be verified.

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### **Documentation/Verification of Caretaker/Child Association 400-28-50-15-05**

(Revised 10/1/11 ML #3278)

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#### [NDCC 50-33-02](#)

Documents or records available to verify a [caretaker's](#) (including a [loco parentis](#)) association to the child include but are not limited to the following:

- Birth certificate
- Adoption papers
- Baptismal record
- Marriage certificate
- Court record
- Contact with school system
- Hospital and clinic records
- Landlord's statement
- Contact with Public Housing Authority
- Court Support order
- Juvenile Court records
- Private Social Service agencies
- Community organizations
- Church records
- Head Start records
- Day care [center](#) records
- Vital Records
- Visual confirmation
- Child Welfare records
- Records from The Office of Refugee Resettlement
- Statement from child's [parents](#) when caretaker is loco parentis

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### **Age Verification for the Child for Whom Assistance is Being Requested 400-28-50-20**

(Revised 10/1/11 ML #3278)

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[NDCC 50-33-02](#)

Children for whom Child Care Assistance Program (CCAP) benefits are being requested must verify their age. If age for a child is not verified, that child is not eligible for CCAP.

The [caretaker](#) is not subject to the age requirement. A child included in the CCAP case as a household member for whom assistance is not being requested does not need to verify their age. However, if at a later date, CCAP is requested for that child, [verification](#) of age must be provided before eligibility for the child can be determined.

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### Documentation/Verification of Age 400-28-50-20-05

(Revised 10/1/11 ML #3278)

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#### [NDCC 50-33-02](#)

Below is a partial list of documents or records available that may be used to verify an individual's age:

- Birth Certificate:
  - Certified copy or electronic interface from Vital Records
  - Uncertified copy of the 'Certificate of Live Birth' (yellow copy)'Souvenir'
  - Copy if signed by both the attending physician and president/administrator of the hospital.
- Baptismal certificate or church record
- Confirmation papers
- Adoption record
- Passport
- Driver's license
- Hospital records
- School records
- Immigration or Naturalization Record
- [Alien](#) Registration Card

**Note:** Due to a change in law effective July 1, 2010, all Puerto Rican birth certificates issued prior to July 1, 2010, are invalid. Only birth certificates from Puerto Rico that are issued (or reissued) on or after July 1, 2010, are acceptable.

Ultimately, responsibility to provide necessary [verifications](#) lies with the [caretaker](#).

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### Citizenship Verification for a Child for Whom Assistance is Being Requested 400-28-50-25

(Revised 10/1/11 ML #3278)

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[NDCC 50-33-02](#)

Children for whom Child Care Assistance Program (CCAP) benefits are being requested must verify their citizenship. If [citizenship](#) for a child is not verified, that child is not eligible for CCAP. To be eligible for CCAP, a child must either be a United States citizen or an [alien](#) lawfully admitted for permanent residence.

The caretaker is not subject to the citizenship requirement. A child included in the CCAP case as a household member for whom assistance **is not** being requested does not need to verify their citizenship. However, if at a later date, CCAP is requested for that child, [verification](#) of citizenship must be provided before eligibility for the child can be determined.

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### Documentation/Verification of Citizenship 400-28-50-25-05

(Revised 10/1/11 ML #3278)

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#### [NDCC 50-33-02](#)

The following documents or records may be available to prove the citizenship status claimed.

**Note:** [Verification](#) of the entry status for non-citizens may be accessed via the Systematic [Alien](#) Verification for Entitlement (SAVE).

1. [US Citizenship](#)
  - Birth certificate/hospital birth certificate if signed by attending physician;
  - Vital Records interface;
  - United States passport;
  - Certificate of Naturalization;
    - (N-550 or N-570 – which are issued by the INS through a Federal or State court, or through administrative naturalization after December 1990 to individuals who are individually naturalized).
  - Report of birth abroad of a U.S. Citizen;
    - (FS-240 – which is issued by the Department of State to U.S. citizens).
    - (Statement provided by a U.S. consular officer certifying that an individual is a U.S. citizen – this is given to an individual born outside the U.S. who derives citizenship through a parent but does not have an FS-240, FS-545 or DS-1350).
      - Verification that a child was born abroad to two U.S. citizen parents; or
      - Verification that a child was born abroad to one U.S. citizen parent and that U.S. citizen parent resided in the U.S. for a period of at least one year prior to the child's birth; or

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- Certificate of birth;
    - (FS-545 – which is issued by a Foreign Service post or Certification of Report of Birth).
    - (DS-1350 which is issued by the Department of State).
  - Certificate of Citizenship;
    - (N-560 or N-561 which is issued by the INS to individuals who derive U.S. citizenship through a parent).
  - Religious records recorded in one of the 50 states or the District of Columbia;
  - Early school records (preferably from the first school) showing the date of admission to the school, the child's date and place of birth, and the name(s) and place(s) of birth of the parent(s);
  - Adoption Finalization Papers showing the child's name and place of birth
2. Refugee
- USCIS Form I-94 showing entry as refugee under Section 207 of the INA and date of entry into U.S. (The arrival date is the date used to determine entry date.); or
  - USCIS Form I-688B annotated 274a.12(a)(3) (The arrival date is the date used to determine entry date.); or
  - ~~USCIS Form I-766 with code A3; or~~
  - USCIS Form I-571; or
  - USCIS Form I-551 or I-151 with codes RE1, RE2, RE3, RE4, RE5, RE6, RE7, RE8, RE8b, RE9, IC6 or IC7. (These codes show the individual's status was changed from refugee to [lawful permanent resident](#).)
3. Alien Lawfully Admitted for Permanent Residence
- USCIS Form I-551 or I-151 (Resident Alien card).
  - Unexpired Temporary I-551 stamp in foreign passport or on the I-94 form also verifies the individual is admitted for lawful permanent residence
4. Alien Lawfully Admitted for Residence
- Any INS document indicating individual has approval to reside in U.S. (does not have to be permanent authorization).

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5. Cuban/Haitian Entrant
  - USCIS Form I-551 with code CU6, CU7, or CH7 (These codes show the individual's status was changed to lawful permanent resident.)
  - USCIS Form I-94 with code CU6 or CU7, or stamped Cuban/Haitian Entrant under Section 212(d) (5) of the INA (The arrival date is usually the date of designated status.)
  - Unexpired temporary I-551 stamp in foreign passport or
6. Amerasian Entrant
  - USCIS Form I-551 with code AM6, AM7, or AM8 (These codes show the individual's status was changed to lawful permanent resident.)
  - USCIS Form I-94 with code AM1, AM2, or AM3 (The arrival date is usually the date of designated status.)
  - Unexpired temporary I-551 stamp in foreign passport.
7. Alien Who Has Been Battered or Subjected to Extreme Cruelty
  - USCIS Form I-551 annotated with IB6, IB7, IB8; or
  - Other INS documentation of battered status – contact State Office for clarification.
8. American Indians - Verification of 50% American Indian blood
  - Enrollment documents, birth records, affidavits from tribal officials, USCIS Form I-181 or I-551 annotated with KIC, KIP or S13 or other acceptable documents can be used as verification of 50% American Indian Blood.
  - A Blood Quantum letter containing information from the individual's Band, Tribe, Nation stating the individual's blood quantum, which must be at least 50% aboriginal blood can also be used as verification of 50% American Indian blood. The document may contain the following verbiage:
    - . . . at least 50% Aboriginal blood
    - . . . at least 50% Indigenous blood
    - . . . at least 50% North American Indian blood
    - . . . at least 50% American Indian blood

**Note:** The Blood Quantum letter can be used to show that an individual possesses at least 50% blood of the American Indian race, but cannot be used to show that an individual does not possess at least 50% blood of the American Indian

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race when the parents are enrolled in different bands, tribes, or nations. If the letter does not show an individual possesses at least 50% blood of the American Indian race, verification should be obtained from the band, tribe, or nation where the other parent is enrolled.

9. Iraqi and Afghani Special Immigrants
  - Iraqi passport with immigrant visa stamp noting the individual has been admitted under IV (Immigrant Visa) Category SQ1, SQ2, SQ3, and Department of Homeland Security (DHS) stamp or notation on passport or I-94 showing date of entry; or
  - Afghan passport with an immigrant visa stamp noting that the individual has been admitted under IV (Immigrant Visa) Category SQ1, SI1, SQ2, SI2, SQ3, SI3; or
  - DHS Form I-551 showing Afghan nationality or Afghan passport, with an IV (Immigrant Visa) code of SQ6, SI6, SQ7, SI7, SQ9 or SI9.
10. Victim of Human Trafficking
  - "T" visa or Certification Document from the Office of Refugee Resettlement (ORR).

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### Social Security Number 400-28-50-30

(Revised 10/1/11 ML #3278)

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Disclosure of the Social Security Number (SSN) is **voluntary** and is requested for the purpose of accurate identification. Failure to disclose the SSN will not affect participation in this program.

The SSN for the [caretaker](#) and for each child requesting Child Care Assistance Program (CCAP) benefits may be provided by the caretaker.

If a caretaker or child does not have a SSN when application for CCAP is made, the eligibility worker may assist the family in the application process for a SSN if they choose to apply for a SSN.

If the SSN is not provided for either the caretaker or the child for whom assistance is being requested, the eligibility worker will assign a number for the caretaker whose name the case will be in and to the child(ren) who are requesting CCAP. The first three digits will be "999". The second two digits will be that of the county and the last four digits will be the next available number from the county roster.

Each county should keep a log of such cases so that numbers are not duplicated.

**Example:** If the family resides in Barnes County, the number will be 999-02-0001 for the caretaker. The child's number will be 999-02-0002. If there are more children, continue in numerical order with the last four digits.

If another family applies who need numbers assigned to them, they should be given the next available number on the county roster.

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Once a number is assigned by the eligibility worker, the number follows that individual regardless of the county the individual resides in, and is only updated if the caretaker provides the actual SSN.

If the caretaker provides their SSN but not the SSN for the children, use the SSN for the caretaker to establish case identification and assign a number for each child requesting CCAP using the process above.

If at a later date the caretaker provides an SSN for the caretaker and/or any eligible children, the number in the CCAP system is changed from the assigned number to the SSN.

A hard copy of the SSN is not required except in situations where there is a discrepancy (i.e. duplicate numbers for the same individual, the same number for two different individuals, etc).

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### **Education 400-28-50-35**

(Revised 10/1/11 ML #3278)

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At the time an individual applies for the Child Care Assistance Program (CCAP) or begins participation in an approved educational activity during the certificate period, [verification](#) of school attendance must be obtained.

The following items are required to be included in the case file:

- A copy of the class schedule for each semester
- [SFN 113](#) Postsecondary Education Information Form
- If needed to verify the degree being pursued a copy of the curriculum is required

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### **Documentation/Verification of Education 400-28-50-35-05**

(Revised 10/1/11 ML #3278)

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Documents or records available to verify attendance in education include but are not limited to the following:

- Class schedule
- [Crossroads](#) approval letter

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### Allowable Activities 400-28-55

#### Allowable Activities 400-28-55-05

(Revised 10/1/11 ML #3278)

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[Caretakers](#) must be participating in an allowable activity to be eligible for assistance under the Child Care Assistance Program (CCAP). The following are allowable CCAP activities:

1. Work – Work is an activity in which an individual is engaged through employment or [self-employment](#). Work must entail personal involvement and effort on the part of the [applicant](#) or [recipient](#). Self-employment is also considered work.

The following are allowable work activities:

- Paid employment
    - Paid work studies, internships or assistantships (this includes when an individual is in a non-allowable postsecondary education program).
  - Self-employment
2. [Job Search](#) - Child care for job search is allowed for eight weeks in a calendar year. Job Search hours are limited to 20 hours per week which includes [travel time](#).  
**Exception:** Job Search for [JOBS](#) recipients is included in their JOBS employment plan. Whatever is on the employment plan for job search is an approved activity.
    - Job Search hours are self-declared and the hours do not need to be verified unless questionable.
    - When a household includes two caretakers, each caretaker is eligible for eight weeks of job search per calendar year.
  3. Education or Training - Child care relating to an allowable education or training activity.

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- An individual is considered in an [allowable postsecondary education](#) if the individual is pursuing a certificate, certificate of completion, or a one or two year degree in postsecondary or vocational school and does not have a previous degree as defined in non-allowable postsecondary education.
- A student who is pursuing a one or two year degree, and has indicated they plan to continue their education to receive a bachelor's degree or beyond, can have child care paid towards the pursuit of completion of the one or two year degree only.
- If otherwise eligible, the time caretakers are attending classes in skills and technology training or individuals who are participating in classes for English as a second language will be covered.
- Attending high school or alternative high school or pursuing a [GED](#) is an allowable activity even if the individual is not participating in [Crossroads](#).
  - Traditional high school "attendance" is defined by the Department of Public Instruction (DPI) as:
    - Full-time - 4 or more classes
    - Part-time - less than 4 classes
    - Attendance in an alternative high school setting for full-time/part-time as identified by the school
  - GED may be full time/part-time.
- If a high school diploma or GED is not required to receive a certificate it is not considered postsecondary education.

**Example:** A Certified Nurse Assistant (CNA) certificate is **NOT** considered postsecondary education as a high school diploma is not required to receive a CNA certificate.
- Internet Classes – Child care related to completing on-line computer classes that meets the allowable education or training requirements is an allowable activity.

4. Vocational Rehabilitation education plans must follow CCAP education requirements.

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### **Allowable Activities for TANF Recipients 400-28-55-10**

(Revised 10/1/11 ML #3278)

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The Child Care Assistance Program (CCAP) can pay child care for [TANF](#) recipients only if the allowable activity is identified and the child care is approved on the [Job Opportunities and Basic Skills](#) (JOBS) or Tribal Native Employment Works (NEW) Program employability plan. Child care costs for any allowable activity not identified on the employability plan cannot be paid through CCAP. Participation in activities for the JOBS or Tribal NEW are considered allowable activities for TANF recipients.

If an individual is meeting their JOBS/Tribal NEW program requirement, CCAP can pay for any approved activities listed on the employability plan.

- If a TANF recipient is sanctioned from JOBS/Tribal NEW, child care is allowed to give the individual the opportunity to end their sanction.
- If a TANF recipient is required to complete a Proof of Performance (POP) or are subject to Pay After Performance (PAP) child care incurred to complete the POP or PAP can be reimbursed.

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### **Allowable Activities for Diversion Recipients 400-28-55-15**

(Revised 10/1/11 ML #3278)

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Since individuals in receipt of Diversion do not participate in the [Job Opportunities and Basic Skills](#) (JOBS) or Tribal Native Employment Works (NEW) program. Allowable activities for these individuals are:

- Work
- [Job Search](#)
- Education/Training
- Internet Classes

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### **Allowable Activities for Crossroads 400-28-55-20**

(Revised 10/1/11 ML #3278)

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Education, or education and work, are allowable activities for an individual who is eligible for [Crossroads](#).

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### **Non-Allowable Activities 400-28-60**

(Revised 10/1/11 ML #3278)

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The following activities are not allowed under the Child Care Assistance Program (CCAP):

- Attending support groups
- Attending parenting classes
- Participating in community service
- Participating in volunteer work

**Note:** CCAP cannot be paid for child care costs incurred while a [caretaker](#) is [working](#) as a volunteer and not being paid.

- Non-allowable postsecondary education:
  - Pursuing a bachelor degree (4 year) or beyond - If the student is pursuing a 4 year degree, without first intending to pursue a 2 year degree, CCAP cannot pay any of their child care for any of the years.
  - An individual who has already received a certificate, certificate of completion, an associate degree, bachelor's degree or postsecondary diploma
  - If a caretaker has a certificate or degree obtained from another state or country, they are not eligible for CCAP.

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### **Financial Eligibility Requirements 400-28-65**

#### **Assets 400-28-65-05**

(Revised 10/1/11 ML #3278)

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CCAP does not consider assets to determine eligibility.

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### Income 400-28-65-10

#### Definition of Income 400-28-65-10-05

(Revised 10/1/11 ML #3278)

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[NDAC 75-02-01.3-07](#)

Gross income is the [income](#) before deductions for taxes, social security or any other items. The gross income, earned and unearned, of all household members including the members in a [loco parentis](#) household, [stepparent](#), and unmarried couples where [paternity](#) of at least one child in common is acknowledged or adjudicated, will be used for the Child Care Assistance Program (CCAP).

Income is the gain or benefit, earned or unearned, derived from labor, business, capital, or property which is received or is available to CCAP unit for current maintenance. It is considered when actually available and when the [applicant](#) or [recipient](#) has a legal interest in a liquidated sum and has the legal ability to make such sum available for support or maintenance.

The gross income for all adult members of the household unit and the [caretaker](#) temporarily away from home or in military service is counted.

Earned income of children under age 19 is not counted.

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### **Earned Income 400-28-65-10-10**

(Revised 10/1/11 ML #3278)

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[NDAC 75-02-01.3-07](#)

Earned income is income which is currently earned through the receipt of wages, salaries, or commissions before deductions for taxes, insurance, garnishments, etc., or profit from activities in which a family is engaged through either employment or [self-employment](#).

The types of countable income listed below are illustrations of earned income:

1. Wages, (including paid sick, vacation and holiday leave but not public or private disability payments) salaries, commissions, bonuses that occur on a monthly basis, or profits received as a result of holding a job or being self-employed
2. Earnings from on-the-job training provided by Workforce Investment Act (WIA) or Youthbuild USA
3. Income from work studies, internships, stipends, assistantships, or fellowships which require work participation to receive the income
4. Wages received from sheltered workshop employment
5. Tips: If tips are listed on the paystub, use what is listed on the pay stub as [verification](#) of the tips received. If tips are not shown on the wage stub, the individual's statement as to the amount of tips received each month is adequate if consistent with place, kind of employment and number of hours worked.
6. Income from boarders
7. Income from room rentals
8. Earned income in-kind. Non-monetary benefits are any gain that is not in the form of money payable directly to the household when provided by an employer in lieu of wages when the employee has an option.

**Example:** An individual [working](#) as an apartment manager receives a \$330 deduction from the rent. The \$330 deduction

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would be counted as income when the employee has the option to receive payment of \$330.00.

9. Department of Defense (DOD) Subsistence Supplemental Allowance for Members of the Armed Forces
10. Income received from the donation of blood or plasma

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### **Treatment of Earned Income 400-28-65-10-15**

(Revised 10/1/11 ML #3278)

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[NDAC 75-02-01.3-07](#)

All earned income must be verified and documented in the case file. All countable earned income must be used in determining eligibility.

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### Earned Income - When Received 400-28-65-10-20

(Revised 10/1/11 ML #3278)

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[NDAC 75-02-01.3-07](#)

Earned income received on a **regular** basis is considered received in the month available and normally received.

**Note:** When the receipt of **regular** income varies because of weekends or holidays, the income must continue to be counted in the month it would have normally been received or considered available had there not been a weekend or holiday.

**Example #1:** A pay check normally received on the first day of January is paid prior to January 1, due to the holiday. This income should be budgeted as received in January.

**Example #2:** An individual normally paid on December 31 is paid after January 1. This income should be considered as received in December.

Earned income received on an **irregular** basis is considered received in the month it is actually received.

**Note:** For an individual who has irregular earnings, a pay check may not be received each pay period. Even if the income is not received every pay period, the income is still considered received in the month it is actually received. When the receipt of [irregular income](#) varies because of weekends or holidays, the income must continue to be counted in the month it would have normally been received or considered available had there not been a weekend or holiday.

Wages held at the request of an employee shall be considered income in the month normally received.

If a bonus check is received on a monthly basis, it is considered countable income.

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### **Earned Income Received on a Contractual Basis 400-28-65-10-25**

(Revised 10/1/11 ML #3278)

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[NDAC 75-02-01.3-07](#)

Earned income received on a contractual basis must be averaged over the number of months covered by the contract even if the income is paid in fewer months at the convenience or option of either party. The income that results from this prorate applies to [applicants](#) and [recipients](#), and is countable income. Examples of income received on a contractual basis are school teachers, bus drivers, etc.

**Note:** This policy can only be applied when a written employment contract exists.

**Example:** A contract begins August 23 and ends May 31. Although the payment for the contract may not be made until the contract is complete (in this case the end of May or the first part of June) prorate the income from the contract over the months covered by the contract. In this case, consider payments from August through May.

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### **Documentation/Verification of Earned Income 400-28-65-10-30**

(Revised 10/1/11 ML #3278)

[View Archives](#)

[NDAC 75-02-01.3-07](#)

All earned income received by the family must be verified.

The primary [verification](#) of declared earnings is the pay record (pay stubs, etc.) verifying the gross wages received paid by the employer.

Documents or records available to verify earned income include but are not limited to the following:

- Pay stubs
- Employer's wage records
- A statement from the individual's employer that includes the name of the business, the name of the person who completed, signed and dated the form, along with the position they occupy in the business
- A copy of the contract if income is received on a contractual basis

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### **Self-Employment 400-28-65-10-35**

(Revised 10/1/11 ML #3278)

[View Archives](#)

[NDAC 75-02-01.3-07](#)

All [self-employment](#) income must be verified and documented in the case file. Annual self-employment income must be averaged over the number of months the business was in operation, even if the income is received in fewer months. The income that results from this prorate applies to [applicants](#) and [recipients](#), and is used to determine eligibility and the benefit amount.

The prorata method of determining [monthly income](#) may not be practical in the following circumstances:

- The business was recently established and the federal income tax return for the previous year does not reflect a full year's operation.
  - Use the income tax return forms and annualize the income for the period of time the business has been in operation.
- The current condition of the business is not accurately reflected on the past year's income tax return due to a decrease or increase in the size of the operation, or an uninsured loss, or other situations which may require special considerations
  - Income and costs of good ledgers can be used or an estimate of the effect on the annual income based on the best information available from the household.
- Tax return forms have not been filed
  - Income and costs of good ledgers can be used or an estimate of the effect on the annual income based on the best information available from the household.

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No income from any other source may be used to offset a self-employment loss.

When determining income based on income tax forms attention should be paid to other sources of income listed on page one of Form 1040. Other types of income that may be reflected on page one of Form 1040 are interest income, dividend income, rental income, royalty income, etc. Interest, dividend, rental and royalty income are to be considered separately from the self-employment income.

To arrive at the most equitable method for determining the amount of a household's countable earned income from self-employment, it is necessary to consider the type of business activity, [expense](#), and income. Based on this concept, one of the applicable calculations identified below shall be used.

1. Self-employed individuals whose business does not require the purchase of goods for resale. An example of this type of business is a person who provides child care services in their own home, a Qualified Service Provider (QSP) who is not an employee of an agency, etc. Such income may be accounted for on a monthly basis, or the income tax return from the previous year may be used if it reflects a full year's operation. When the tax return is used, 1/12th of the annual gross income is monthly earnings. Twenty-five (25%) percent of the gross monthly earnings shall be disregarded to offset the cost of producing the income and will cover such things as additional food, utilities, supplies, etc. The remaining 75% is the gross monthly earnings. The appropriate share percentage must be applied to the gross monthly income based on the number of individuals listed on the self-employment schedules. This is the figure to which the appropriate earned income disregards are applied to arrive at monthly net income.
2. Self-employed individuals whose business requires the purchase of goods for resale. Examples of this type of business enterprise include Avon, Tupperware, Amway, Mary Kay Cosmetics, etc. Such income may be accounted for on a monthly basis, or the income tax return from the previous year may be used if it reflects a full year's operation. In these instances, subtract the cost of the goods from the gross monthly or annual receipts to arrive at the adjusted gross income. If the cost of goods includes any labor or wage amounts,

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those amounts must be deducted from the cost of goods before subtracting the cost of goods sold from the gross monthly or annual receipts. When the tax return is used, 1/12th of the annual adjusted gross income is monthly earnings. Twenty-five (25%) percent of the adjusted gross income shall be disregarded to offset the costs of producing the income and will cover such things as sample kits, demonstrations, supplies, etc. Seventy-five (75%) percent of the adjusted gross income will be the monthly income. The appropriate share percentage must be applied to the monthly adjusted gross income based on the number of individuals listed on the self-employment schedules. This is the figure to which the appropriate earned income disregards are applied to arrive at monthly net income.

3. Self-employment income from a room-and-board arrangement. The first \$100 per month received from each individual will be disregarded to defray the associated expenses. The remaining amount(s) will be the monthly income to which the appropriate earned income disregards are applied to arrive at the monthly net income.
4. Self-employed individuals in a service business requiring purchase of goods or parts for repair or replacement. These include mechanics, TV repairmen, beauty salons, restaurants, etc. Such income may be accounted for on a monthly basis, or the income tax return from the previous year may be used if it reflects a full year's operation. In this instance, subtract the cost of goods or parts from the gross monthly or annual receipts to arrive at the adjusted gross income. If the cost of goods or parts sold includes any labor or wage amounts, those amounts must be deducted from the cost of goods or parts before subtracting the cost of goods or parts from the gross monthly or annual receipts. When the tax return is used, 1/12th of the annual adjusted gross income is monthly earnings. Seventy-five (75%) percent of the adjusted gross monthly income shall be disregarded to offset the cost of expenses such as heat, lights, phone, rent, or building, etc. Twenty-five (25%) percent of the adjusted gross income will be the monthly income. The appropriate share percentage must be applied to the monthly adjusted gross income based on the number of individuals listed on the self-employment schedules. This is the figure to which the appropriate earned income disregards are applied to arrive at monthly net income.
5. Income of self-employed individuals received other than monthly. In such cases, income must be established on the basis of the past

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year's total income to arrive at the amount of income to be anticipated for the current year and reduced to monthly increments. This is the preferred method of considering income arising from self-employment such as farming or other business enterprises. It is first necessary to establish the amount of total annual gross income. For purposes of CCAP, annual net income is normally defined as one-fourth of the annual gross income shown on Schedule F, Part I, of U.S. Form 1040, "Individual Income Tax Return," if the business is farming, or annual gross income shown on Schedule C, Part I, of Form 1040, if the business is other than farming.

6. CRP payments and cooperative distributions, which are considered [unearned income](#), should be deducted from the total income figure on Form 1040, Schedule F, and prorated over a 12-month period.

After the appropriate percentage disregard is applied to self-employment income, capital gains and losses are considered. Income resulting from the sale of capital items or ordinary gains may be offset by a loss from the sale of capital items. The net result (but not less than zero), must be added to the other annual net income to arrive at total net annual income.

**Note:** Capital gains and losses are always counted when considering actual income for a prior period. When using the prior income to estimate income for a prospective period, however, use capital gains and losses that are reasonably expected to occur in the prospective period.

Capital gains, short term and long term, and ordinary gains are found on the federal tax form as follows:

- a. Short term capital gains-Schedule D, Part I
- b. Long term capital gains-Schedule D, Part II
- c. Ordinary gains-Form 1040-Supplemental gains or losses

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The following example demonstrates this process:

Gross annual income (from federal income tax return)	\$16,500.00
Net annual income (25% of \$16,500)	4,125.00
Capital and other gains	1,200.00
Yearly income	5,325.00
Monthly income (yearly income divided by 12)	443.75

The appropriate share percentage must be applied to the monthly adjusted gross income based on the number of individuals listed on the self-employment schedules.

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### Documentation/Verification of Self-Employment 400-28-65-10-35-05

(Revised 10/1/11 ML #3278)

[View Archives](#)

[NDAC 75-02-01.3-07](#)

[Self-employment](#) is verified by using the most recent tax return. If the most recent tax return does not reflect a full year of self-employment, a tax return is not filed, or the current condition of the business is not accurately reflected on the past year's income tax return, monthly ledgers or bookkeeping records which show the [income](#) and [expenses](#) may be used.

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### Unearned Income 400-28-65-10-40

(Revised 10/1/11 ML #3278)

[View Archives](#)

[NDAC 75-02-01.3-07](#)

[Unearned income](#) is income not gained by current labor, service, or skill. Most unearned income is the result of past labor, services, or investments, which have enabled the individual to receive a current benefit or [pension](#). Unearned income for both [caretakers](#) and children who must be included in the [Child Care Assistance unit](#) must be counted.

The types of income listed below are examples of unearned income and must be considered available in their entirety (unless it is determined to be a nonrecurring [lump sum](#)):

1. **Child/Spousal Support payments** - Child Care Assistance Program (CCAP) requires use of Fully Automated Child Support Enforcement System (FACSES) if the [child support](#) is disbursed through the State Disbursement Unit (SDU).

The Eligibility Worker should use the View Eligibility Ledger Detail screen in FACSES to verify the amount of payment actually released to the caretaker.

If child support is received through SDU via check, direct deposit or electronic payment card (EPC), the eligibility worker must allow three working days from the check date shown on the View Eligibility Ledger Detail (VIEW) screen in the FACSES system for posting to the financial account to correctly determine when the income is received. Day one of the three-day count is the check date on the VIEW screen in FACSES.

**NOTE:** If a check is posted on the FACSES system on either of the last two working days of the month, it is counted as

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income for the following month as it will not be received by the individual until the month following.

For payments not processed through FACSES, day one of the three day count is the date on the check or child support statement.

If the child support cannot be verified through FACSES, hard copy [verification](#) must be obtained from the caretaker.

2. **Retirement, Survivors, and Disability Insurance** - Benefits paid through the Social Security Administration , Veterans benefits, pensions from all sources such as Railroad, North Dakota Old Age and Survivors Insurance System, private pensions, Workforce Safety and Insurance, Unemployment Compensation, union compensation during strikes, mineral leases, military allotments, royalties, disaster unemployment benefits, general assistance, Three Affiliated Tribal elderly payments, etc.;

**Note:** Veteran's benefits designated for a specific purpose such as tuition, fees, books, etc. is not counted.

3. **Supplemental Security Income (SSI)**
4. **Loss-of-time private insurance or disability income** - Loss-of-time private insurance or disability income paid for the loss of employment due to illness.
5. **Rental Income** – Rental payments received without an appreciable amount of personal involvement and effort provided as a service to the tenant.

**Note:** Property taxes, interest on mortgage loans, and insurance premiums for coverage of potential loss on the rental property can be allowed as a deduction from the rental income.

Lease payments made to persons for the use of lands occupied or owned by those persons unless the lease specifically provides for monthly payments or unless the lease is for a total term of less than one year.

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6. **Mineral Lease Income** - Mineral lease rentals, bonus payments and royalties.
7. **Dividends and interest** – Dividend and interest income received from investments and insurance, but not from checking or savings accounts.
8. **Individual Indian Monies** – Non-excluded lease payment income deposited in and disbursed through Individual Indian Monies accounts maintained by individual Indians by the Bureau of Indian Affairs as proceeds from the lease of lands held by the federal government in trust for the Indian;

Individual Indian Monies (IIM) will be prorated over a twelve-month period; (i.e., the income from the previous twelve months prior to application will be prorated over the twelve months following application). IIM up to \$2000 per year from lease of land is exempt. Other IIM is countable.

When new source income is deposited into an individual's IIM account, the countable amount will be determined as follows:

Verification of the IIM account must be obtained for the most recent **Full** 12 month period through one of the three options currently identified in policy. Once verification of the IIM account is received, the eligibility worker will subtract any deposits that cannot be counted as IIM income, such as inheritances, VA, SSA, SSI, gaming profits, etc., based on current policy. Once those deposits have been subtracted, take the most current months, or an average if received for multiple months, new source income amount and multiply by 12. That amount must be added to all countable deposits for the twelve-month period (excluding the new source income deposited into the IIM account), deduct the \$2000 disregard, and then divide the remaining balance by 12 to determine the monthly countable unearned income.

**Example #1:** In 02/2009, the eligibility worker learns that the individual began receiving a new source of income in 02/2009 through their IIM account. The eligibility worker will request verification of the IIM account for the period of February 1, 2008 thru February 28, 2009, the most recent FULL 12 month period,

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plus the current month of 02/2009, to capture the amount of the new source income.

Reviewing the ledger, the Eligibility worker would determine which income is countable. The new source income deposited in February was \$850. Multiplying \$850 by 12 equals \$10,200. The countable income, not including the new source income, for the FULL 12 month period (February 1, 2008 thru January 31, 2009) totals \$1,500. The total income to be considered for the 12-month period is \$11,700 (\$10,200 plus \$1,500). After deducting the \$2000 disregarded amount from \$11,700, \$9,700 must be annualized and the monthly amount of \$808.33 counted as unearned income.

**Example #2:** A new application is received in July and the eligibility worker requests verification of the IIM account for the period of July 1, 2008 thru June 30, 2009.

Reviewing the ledger, the Eligibility worker determines a new source income began to be deposited in April 2009. The Eligibility worker would first determine which income is countable. The new source income deposited in April was \$850, in May was \$790 and in June was \$825. The three months of the new source income would be totaled and divided by 3 and the average would be projected for a 12 month period (\$2,465 divided by 3 equals \$821.67). Multiplying \$821.67 by 12 equals \$9,860.04. The countable income, not including the new source income, for the 12 month period totals \$87.29. The total of income to be considered for the 12-month period is \$9,947.33 (\$9,860.04 plus \$87.29). After deducting the \$2000 disregard from \$9,947.33, \$7,947.33 must be annualized and the monthly amount of \$662.28 counted as unearned income.

### Verification Options

There are three options by which verification may be obtained:

- a. Request for verification of IIM account information using form [SFN 413](#), Individual Indian Monies Account. This form will need

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to be notarized per requirements of the United States Department of the Interior, Office of the Special Trustee for American Indians, Office of Trust Funds Management. These releases are valid for one (1) year and must be renewed annually.

- b. Individuals with IIM accounts receive statements from the Office of Trust Funds Management on a quarterly basis. A copy of this form may be requested from the [applicant](#) or [recipient](#). However, the applicant or recipient will not receive the statement if the Office of Trust Funds Management does not have a current address.
- c. The individual may obtain a statement of their IIM account directly from the Office of Trust Funds Management through the Bureau of Indian Affairs (BIA) by requesting the information in person or by making a telephone request. In both cases, the individual will need to know their account number and provide at least two forms of identification.

9. **Conservation Reserve Program (CRP) payments** - When a CRP contract is set up the full payment may be received by the landlord or operator, or a portion of the payment may be paid to a tenant of the farm. A portion of the payment is allowed to be paid to a tenant when the tenant was farming the land, or had an interest in the property (i.e. was on the previous contract), in the year before the contract was signed. The CRP contract specifies the amount of the payment and to whom the payment is made. For purposes of determining eligibility, only count the share the applicant or recipient receives per the CRP contract.

Allowable [expenses](#) are those allowable costs of doing business that are claimed on the applicant or recipient's tax return, including property taxes and insurance as a deduction.

- 10. **Alaskan Dividend payment**
- 11. **Tribal gaming distribution payments**
- 12. **Tribal Spirit Lake Social Impact Payments** - Tribal Social Impact Payments (i.e. Spirit Lake Social Impact payments) are from Tribal gaming. The recipient receives the income annually and it is prorated over a 12 month period.

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13. **Fund Raising** - Moneys received as a result of a fund raiser for individual tragedies if the family **receives** the funds directly.
14. **BIA General Assistance**
15. **Trust income received on a regular basis** - Submit all trusts to the Legal Advisory Unit for review and identify who is applying for assistance, send a complete copy of the trust agreement, provide verification of all assets owned by the trust, and provide any other relevant documents or information.
16. **Money from friends, relatives or others** - These funds are counted as unearned income if the money does not need to be repaid. If the money must be repaid, a written agreement must have been created at the time the money was received.
17. **Contracts or Contracts for Deed Installment** - Payments a household is receiving from an installment contract or contract for deed are considered unearned income. These payments must be prorated over the period of time they are intended to cover.

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### **Treatment of Unearned Income 400-28-65-10-45**

(Revised 10/1/11 ML #3278)

[View Archives](#)

[NDAC 75-02-01.3-07](#)

All [unearned income](#) must be verified and documented in the case file. All countable unearned income must be used in determining eligibility.

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### Unearned Income - When Received 400-28-65-10-50

(Revised 10/1/11 ML #3278)

[View Archives](#)

NDAC 75-02-01.3-07

All nonexempt [unearned income](#) shall be considered to be available in the month in which it is normally received. Unearned income is usually received at fixed intervals and at regularly scheduled dates.

**Note:** When the receipt of regular unearned income varies because of weekends or holidays, the unearned income must continue to be counted in the month it would have normally been received or considered available had there not been a weekend or holiday.

**Example #1:** Unearned income normally received on the first day of January is paid prior to January 1, due to the holiday. This income should be budgeted as received in January.

**Example #2:** Unearned income normally paid on December 31 is paid after January 1. This income should be considered as received in December.

Unearned income received on an **irregular** basis is counted in the month it is actually received.

Unearned income held at the request of an individual shall be considered as income in the month normally received.

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### Documentation/Verification of Unearned Income 400-28-65-10-55

(Revised 10/1/11 ML #3278)

[View Archives](#)

[NDAC 75-02-01.3-07](#)

Actual [unearned income](#) must be verified. If the individual has an active [TANF](#), SNAP or Medicaid case, the primary [verification](#) for Social Security Administration (SSA) benefits will be the established through the State Data Exchange (SDX) or Third Party Query (TPQY) interfaces. When circumstances warrant, contact with the Social Security District Office to obtain benefit information may be necessary.

If there is not an active TANF, SNAP or Medicaid case, the verification cannot be obtained through the TPQY or the SDX Interfaces.

When TANF, SNAP, or Health Care Programs close and CCAP remains open, at the time the other program(s) close, the interface information from SSA or IRS cannot be used to determine eligibility for CCAP.

**Note:** The information that is currently being used for CCAP at the time the other program(s) closes continues to be used until the next time that income is redetermined. At the time the income is redetermined, if the TANF, SNAP, or Health Care Programs remain closed, the SSA or IRS interface cannot be used.

Documents or records available to verify unearned income include but are not limited to the following:

- SSA benefit letter or interface
- Unemployment Compensation benefit letter or interface
- Pension benefit letter
- VA benefit letter
- Railroad benefit letter

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Verification of Child/[Spousal Support](#) received

Documents or records available to verify child/spousal support include but are not limited to the following:

- Divorce or separation papers
- Court order
- Support agreement
- Correspondence on support payments
- Receipts for contribution
- Employer Records of garnished wages
- Child Support Enforcement's FACES ledger or Electronic Payment Card
- Print out from agency disbursing the [child support](#)

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### Disregard of Certain Income 400-28-65-15

(Revised 10/1/11 ML #3278)

[View Archives](#)

[NDAC 75-02-01.3-07](#)

Certain types of [income](#) are excluded in determining eligibility. The exclusion includes but is not limited to:

1. Earned income of all children in the household through the month of their 19th birthday and provided that the child is not a [caretaker](#) under this program. School attendance has no bearing on the income being excluded
2. Earned and [unearned income](#) of a Crossroad family
3. Earned and unearned income of a [TANF](#) or Diversion family
4. Any bonus, incentive payment, etc. that is not received every month
5. Reimbursement for expenses incurred in connection with employment. Example: Air Force personnel who receive income that is to be used for uniforms, this is to be deducted from the normal pay
6. Combat Pay - Any additional monies received by a household as the result of the deployment of a service member to a designated combat zone excluded.

To determine the amount of service member's income that will be disregarded, compare the amount received before deployment and the amount received after the deployment. The difference between the two amounts is the amount that will be disregarded.

**Example:** Dad was making \$1,000 gross pay before deployment to a combat zone. He now is receiving \$1,400. Disregard the additional \$400.

Combat Zone Tax Exclusion Areas - Executive Order 12744  
(effective January 17, 1991)

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Arabian Sea Portion that lies North of 10 degrees North Latitude and West of 68 degrees East Longitude:

- Bahrain
- Gulf of Aden
- Gulf of Oman
- Iraq
- Kuwait
- Persian Gulf
- Qatar
- Oman
- Red Sea
- Saudi Arabia
- United Arab Emirates

### Direct Support of EO 12744

- Turkey effective January 1, 2003 - December 31, 2005
- Israel effective January 1 - July 31, 2003
- Eastern Med effective March 19 - July 31, 2003
- Jordan effective March 19, 2003
- Egypt effective March 19 - April 20, 2003

### Executive Order 13239 (effective September 19, 2001)

- Afghanistan

### Direct Support of EO 13239

- Pakistan effective September 19, 2001
- Tajikistan effective September 19, 2001
- Jordan effective September 19, 2001
- Incirlik AFB effective September 21, 2001 - December 31, 2005
- Kyrgyzstan effective October 1, 2001
- Uzbekistan effective October 1, 2001
- Philippines (only troops w/orders that reference OEF) effective January 9, 2002
- Yemen effective April 10, 2002
- Djibouti effective July 1, 2002
- Somalia effective January 1, 2004

### Executive Order 13119 (effective March 24, 1999)

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#### Public Law 105-21 Establishing Kosovo as Qualified Hazardous Duty Area (March 24, 1999)

- The Federal Republic of Yugoslavia (Serbia/Montenegro)
- Albania
- The Adriatic Sea
- The Ionian Seas north of the 39th parallel

#### Public Law 104-117 Establishing a Qualified Hazardous Duty Area (November 1995)

- Bosnia
- Herzegovina
- Croatia
- Macedonia

7. Reimbursement for work related expenses incurred which do not represent a gain or benefit to the household (medical expenses, per diem, travel and lodging)
8. Flex Comp income paid to the family - Employee may have a regular deduction from the gross income set aside in a special account, from which the employee can later receive reimbursement for certain expenses. Child Care Assistance Program (CCAP) must use the gross income before the Flex Comp deduction is made.
9. Income tax refunds and Earned Income Tax Credits (EITC)  
  
**Note:** Advance EITC payments are excluded as income. CCAP uses the gross income to determine CCAP eligibility and benefits. Since the AEITC does not change the amount of the gross pay, it is disregarded.
10. Earnings from on-the-job training Summer Youth Employment and Training Program provided by Workforce Investment Act (WIA) Public Law 97-300
11. Wages received as the result of participation in Experience Works (previously known as Green Thumb Program), Vista, and the Foster Grandparent Program

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12. Fund raising for a family when the family **does not** directly receive the monies
13. Irregular cash gift
14. [Irregular income](#) from sale of craft items, rummage sales, etc.
15. Loans that require repayment - This loan must be verified, (i.e. a written agreement between the parties must have been executed at the time the loan was agreed upon)
16. Education loans, financial aid, scholarships, stipends (such as ones through United Tribes Technical College) or grants from all sources; whether for under-graduate or graduate student, fellowship or gift or portion of a gift used to pay the costs of caretaker's tuition and fees at any educational institution, vocational rehabilitation payments

**Note:** These funds are not countable when receiving them does not require the individual to work.

17. Montgomery GI Bill, Education Assistance
18. Income from the Reserve Educational Assistance Program (REAP)
19. TANF (including Transition, Kinship Care and Post-TANF) and Diversion reimbursements and supplements for these programs
20. Family subsidy payments
21. Subsidized Guardianship payments
22. Foster Care payments
23. Adoption Assistance payments
24. Supplemental Food Program for Women, Infants and Children (WIC) and the National School Lunch Program
25. Supplemental Nutrition Assistance Program (SNAP) benefits and Food Commodities
26. Utility payment subsidies payable to the family

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27. Vendor payments or payments made to others on the household's behalf, provided that such payments were not directed to the household; (e.g., the payment does not go through the family but to a third party)
28. Gaming winnings
29. All dividends and interest from savings and checking accounts
30. Loss settlement. Disregard only the portion obligated to replace the loss or pay off indebtedness
31. Assistance to individuals other than wages, under Older Americans Act of 1965, Public law 95-478
32. Payments received under the Civil Liberties Act of 1988 by American-Japanese citizens displaced during World War II
33. Payments received under Public Law 101-201 regarding Agent Orange settlements
34. Radiation Exposure Act Settlements under Public Law 101-426
35. Allowances paid under Public Law 106-419 to children of female Vietnam veterans who suffer from certain covered birth defects
36. Income from the Bering Straits Native Corporation (BSNC), which was incorporated as a regional corporation pursuant to the provision of the Alaska Native Claims Settlement Act
37. Census Income
38. General Assistance, BIA or Social Services paid by voucher or vendor payment
39. LIHEAP – Low-Income Home Energy Assistance program
40. Workforce Investment Act (WIA) - needs-based payments, support services and relocation expenses provided to a caretaker through this program
41. Tribal Native Employment Works program training allowances

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42. Training stipends provided by private, charitable organizations to a caretaker who is a victim of domestic violence for the caretaker to attend educational programs
43. Alaska Native Claim Settlement Act
44. Compensation for jury duty
45. Federal Emergency Management Agency (FEMA) Disaster payments including Disaster Unemployment Benefits
46. Payments for Care and Maintenance of Non-Household Member(s) - When monies are received by a child care household for the care and maintenance of a non-household member, the payment that is identified as belonging to the non-household member is excluded if the caretaker can provide documentation that the monies received have been given to provide for the care of the non-household member.

**Example #1:** A caretaker is receiving [child support](#) in the amount of \$150.00 per month per child for two children. The caretaker reports one of the children has moved and is residing with a grandparent. The portion of child support for the child who moved (up to \$150) that the caretaker gives to the grandparents is not countable income to the caretaker.

**Example #2:** A caretaker is a protective payee for an adult non-household member who receives SSI. The SSI payment would not be counted as income.

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### **Lump Sum Payments 400-28-65-20**

#### **Nonrecurring Lump Sum Unearned Income Payments 400-28-65-20-05**

(Revised 10/1/11 ML #3278)

[View Archives](#)

[NDAC 75-02-01.3-07](#)

[Unearned income](#) received on a non-recurring or irregular basis is considered nonrecurring lump sum payments and are not countable.

Nonrecurring lump sum payments are limited to only those payments that can reasonably be expected not to occur again. Examples of nonrecurring lump sum payments include, but are not limited to:

- Lump sum payments from Social Security
- Lump sum payments from Railroad Retirement
- Lump sum payments from Veterans benefits
- Lump sum payments from Workforce Safety and Insurance
- Lump sum payments from Unemployment Compensation
- Military Re-enlistment payments
- Insurance settlements
- Inheritances
- Contests
- Gambling winnings
- Severance pay (represents a nonrecurring compensation outside of regular earnings)
- Income tax refund
- Employee's withdrawal of a retirement fund taken in a lump sum payment
- Supplemental Security Income (SSI) back payment
- Bonus payments on mineral leases

For treatment of lump sum earned income, see Section [400-28-65-10-20](#), Earned Income - When Received.

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### Recurring Lump Sum Unearned Income 400-28-65-20-10

(Revised 10/1/11 ML #3278)

[View Archives](#)

[NDAC 75-02-01.3-07](#)

[Unearned income](#) received on a recurring or regular basis is considered recurring lump sum payments. This income is countable and must be prorated over the period the payment is intended to cover.

Recurring lump sum payments received after application for the Child Care Assistance Program are prorated over the number of months the payment is intended to cover.

**Note:** The prorated sum payment must continue to be counted if the case closes and then reopens during the prorate period or within the following prorate period. This prevents cases from being closed temporarily to avoid using the lump sum income.

Examples of recurring lump sum payments include, but are not limited to:

- Land rental income
- CRP
- IIM monies
- Mineral Royalty/Lease Income

For treatment of *Earned Income* lump sum payments, see Section [400-28-65-10-20](#), Earned Income - When Received.

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### **Terminated Source of Income 400-28-65-25**

(Revised 10/1/11 ML #3278)

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[NDAC 75-02-01.3-07](#)

Income is considered a [terminated source of income](#) when the final payment of income is received in the [month prior](#) to, the month of, or the month following the month of:

- The application
- The 6 month review
- When adding a person to a case
- When a case changes from [Waived Co-pay](#) to [Co-pay](#)

If at application, 6 month review, adding a person or when a case changes from Waived Co-pay to Co-pay and the caretaker indicates income has ended from any source, the caretaker must provide verification of the terminated source and the last date it was received. Since income eligibility is determined prospectively, this income would not be used as it is not an ongoing source of income and will not be received during that certification period.

If a caretaker is requesting child care for the month prior to the month of application and the caretaker indicates income has ended from any source, the caretaker must provide verification of the terminated source and the last date it was received. All actual income is received in the prior month is used to determine eligibility including terminated sources of income.

If a caretaker in an ongoing case reports that income from a specific source is terminated, no changes in income are made as changes in income do not affect eligibility during a certification period.

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### **Allowable Income Deductions 400-28-65-30**

#### **Overview 400-28-65-30-05**

(Revised 10/1/11 ML #3278)

[View Archives](#)

[NDAC 75-02-01.3-07](#)

NDAC 75-02-01.3-09

Allowable deductions are deducted from countable [income](#). Allowable deductions must be verified. If the allowable deductions are not verified, they cannot be allowed.

If a [prior month](#) is being requested, actual deductions paid during the month are used.

A household must be given the opportunity to verify allowable deductions. If a household has been given that opportunity and does not provide the [verifications](#), the case is processed without consideration of the claimed deductions.

If deductions are not provided when requested, but provided after the case has been processed, the deductions cannot be used. The household will be given the opportunity to claim those [expenses](#) at the next application, 6 month review and when a case changes from [Waived Co-pay](#) to [Co-pay](#) to provide current information.

If a household member was being allowed deductions and leaves the household, the allowable deduction is removed when the household member is removed.

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### Child/Spousal Support Deduction 400-28-65-30-10

(Revised 10/1/11 ML #3278)

[View Archives](#)

[NDAC 75-02-01.3-07](#)

[NDAC 75-02-01.3-09](#)

Court ordered child or [spousal support](#) paid, including arrearages, are allowable deductions. Any other private arrangement for child/spousal support being paid, which are not court ordered is not allowed even if the individuals have a mutual agreement.

Court ordered child or spousal support payments made to an individual outside the home or to an agency must be allowed even if the child or spouse for whom the support was paid is a household member.

If child or spousal support is being withheld from [income](#) as a result of a court order (income withholding) and this is reflected on the paystubs and the [child support](#) is going to the ND State Disbursement Unit, any other disbursement unit or Clerk of Court (which verifies that it is actually being received by that unit), use the amount on the paystub and the obligor's pay date to determine the date paid. In this situation, the obligor has paid the monies per the court order and how long it takes the employer to get the monies to the State Disbursement Unit and when the monies are released to the obligee does not affect the fact that the obligor has paid and for Child Care Assistance Program (CCAP) purposes will be considered paid at the time the monies are taken from the paycheck.

If court ordered child support or spousal support is being paid directly by the obligor to a Disbursement Unit or Clerk of Court [verification](#) of monies being received by the Disbursement Unit or Clerk of Court must be provided. In this situation, CCAP will consider that the obligor has paid the monies when the monies are received by the Disbursement Unit or Clerk of Courts.

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If the obligor's income is from a new source and there are no actual pay stubs that reflect the amount of court ordered child or spousal support being deducted, the court order, information obtained through FACSES, another disbursement unit, or clerk of court would be used.

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### **Documentation/Verification of Court Ordered Child/Spousal Support Deductions 400-28-65-30-10-05**

(Revised 10/1/11 ML #3278)

[View Archives](#)

[NDAC 75-02-01.3-07](#)

NDAC 75-02-01.3-09

Court ordered child/spousal support deductions may include but are not limited to the following:

- Child Support Enforcement's FACSES ledger (Fully Automated Child Support Enforcement System)
- Court order from another state if not paid through ND
- [Child support](#) stubs
- Documented [collateral contact](#)
- Pay stubs
- Child support website
- Print out from agency disbursing the child support.

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### **Garnishments from Income 400-28-65-30-15**

(Revised 10/1/11 ML #3278)

[View Archives](#)

[NDAC 75-02-01.3-07](#)

Any garnishments – whether from earned or [unearned income](#) - are not excluded. The total gross income (to include the amount garnished) must be counted.

Social Security Disability, Survivors and Retirement and SSI overpayments being deducted from benefits are normally considered to be available because the [applicant](#) or [recipient](#) can pursue a waiver of the overpayment. Only if the waiver has been denied after a good faith effort, can the overpayment deductions be considered unavailable.

Occasionally other delinquent debts owed to the federal government may be collected from an individual's benefit. These other reductions of benefits are not allowed to reduce the countable benefit amount. The award amount of the benefit is counted as available.

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### Converting Income 400-28-70

(Revised 10/1/11 ML #3278)

[View Archives](#)

[NDAC 75-02-01.3-07](#)

[Income](#) for the Child Care Assistance Program (CCAP) is [converted](#) to a [monthly income](#). Income must be converted for all cases where income (both earned and unearned) is received either weekly or biweekly.

Income conversion does not apply to the following:

- Income for individuals who have a [Waived Co-pay](#) as income is not counted
- [Self-employment](#) income
- [Child support](#) income
- When eligibility is being determined for the month prior to the [application month](#)
- Individuals paid monthly, semi-monthly, or irregularly

**Note:** Tips, commissions, monthly bonuses or incentive that are paid monthly, semi-monthly, irregularly and are not included on the paystub are not converted. The tips, commissions, monthly bonuses or incentives must be counted separately as earned income.

For regular income if an individual is paid weekly or bi-weekly but did not receive a pay check for each pay period, the wages must still be converted.

Tips, commissions, monthly bonuses or incentives that are paid weekly or biweekly and included on the paystub must be converted.

To convert weekly earnings, total the weekly checks and divide by the number of checks to arrive at the weekly average. The weekly average is then multiplied by 4.3.

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To convert biweekly earnings, total the biweekly checks and divide by the number of checks to arrive at the biweekly average. The biweekly average is then multiplied by 2.15.

When an individual begins a new job, or has a change in the number of hours employed and the employer verifies a range of work hours, the greater number of work hours verified must be used to determine the income for the [caretaker](#).

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### **Budgeting for the Child Care Assistance Program 400-28-75**

#### **Determining Income for the Month Prior to the Month of Application 400-28-75-05**

(Revised 10/1/11 ML #3278)

[View Archives](#)

[NDAC 75-02-01.3-07](#)

If the [caretaker](#) requests child care for the month prior to the month of application, all countable [income](#) received in the [prior month](#) is used including income from a [terminated source](#). Eligibility for the month prior to the month of application is based on actual income.

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### Prospecting Income for the Certification Period 400-28-75-10

(Revised 10/1/11 ML #3278)

[View Archives](#)

[NDAC 75-02-01.3-07](#)

[Income](#) must be determined prospectively because eligibility is determined for a specific certification period. The income used to issue the [certificate](#) must be reflective of the income for the period of time the certificate covers.

Each source of non-exempt income received by the household must be considered separately to determine what the [prospective income](#) from that source will be.

Determining prospective income includes [converting](#) earned and [unearned income](#).

**Exception:** [Child Support](#) income is not [converted](#).

Use the child support income from the month prior to application, 6 month review, when a person enters the home, or a case goes from [Waived Co-pay](#) to [Co-pay](#) unless **all** child support payments have been received in the current month.

**Note:** When changing a case from Waived Co-pay to Co-pay, child support assigned or received in the final month of [TANF](#) is used as prospective income.

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### Determining Prospective Income at Application 400-28-75-15

(Revised 10/1/11 ML #3278)

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All [income](#) received in the month of application through the date the application is received in the [county social service office](#) must be verified and documented.

All [income](#) received in the month prior to the application month must be verified and documented.

If all income for the month of application from a specific source is available and reflects a full month's worth of income and the [caretaker](#) does not anticipate any changes, that income must be verified and used for all months of the [certificate](#) period.

If all income from a specific source is available for the month of application and the caretaker claims a change in income for the next month, the caretaker must provide [verification](#) of anticipated income for the next month as changes in anticipated income must be verified. That income is used for all months of the certificate period including the [application month](#).

If all income from a specific source is not available for the application month and the income from the [prior month](#) reflects a full month's worth of income and the caretaker does not anticipate any changes, the prior month's income must be verified and used for all months of the certificate period.

If the caretaker does not anticipate the prior month's income from a specific source to be reflective of the next month's income, the caretaker

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must provide verification of anticipated income for the next month as any changes in anticipated income must be verified, and that income must be used for all months of the new certificate period.

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### **Determining Prospective Income at 6 Month Review 400-28-75-20**

### **Determining Countable Income When Review Form is Received Timely 400-28-75-20-05**

(Revised 10/1/11 ML #3278)

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If the [income](#) from a specific source for the month prior to the month the review form is submitted reflects next month's income and the [caretaker](#) does not anticipate any changes, that income must be verified and used for all months of the [certificate](#) period.

If all income for the month of review from a specific source is available and reflects a full month's worth of income and the caretaker does not anticipate any changes, that income must be verified and used for all months of the new certificate period.

If the caretaker does not anticipate the [prior month's](#) income to be reflective of the next month's income, the caretaker must provide [verification](#) of anticipated income for the next month and that income must be used for all months of the certificate period.

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### **Determining Countable Income When Review Form is Received After Case Closed 400-28-75-20-10**

(Revised 10/1/11 ML #3278)

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When a case closes for no review and the review form is submitted in the month following the case [closure](#), if the [income](#) from a specific source for the month prior to the month the review form is submitted reflects next month's income and the [caretaker](#) does not anticipate any changes, that income must be verified and used for all months of the [certificate](#) period.

If the caretaker does not anticipate the [prior month's](#) income to be reflective of the next month's income, the caretaker must provide [verification](#) of anticipated income for the next month and that income must be used for all months of the certificate period.

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### Determining Prospective Income for Persons Added or Removed 400-28-75-25

(Revised 10/1/11 ML #3278)

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The [income](#) of individual being removed from the household is no longer counted effective the month the individual is deleted from the household.

The income of individuals being added to the household must be considered effective the month they are added.

If adding and removing persons at the same time:

- The income for all persons being removed is no longer used
- The income of all persons added is used
- The new household size must be determined
- The income of the existing household members remains unchanged
- The change in the household's income and household size is applied to the [Child Care Sliding Fee Schedule](#).

If all income from a specific source is available for the month the individual entered the home and the individual does not anticipate any changes, that income must be verified and used for all the remaining months of the [certificate](#) period. If the individual claims a change in income, the [caretaker](#) must provide [verification](#) of the anticipated income for the next month and that income must be used for the remaining months of the certificate period.

If all income from a specific source is not available for the month the individual entered the home but the income from the [prior month](#) reflects next month's income and the individual does not anticipate any changes, that income must be verified and used for all remaining months of the certificate period. If the individual claims the prior month's income is not reflective of the next month's income, the caretaker must provide

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verification of anticipated income for the next month and that income must be used for all remaining months of the certificate period.

If all income from a specific source is available for the month the individual entered the home and the individual anticipates a change in income for the next month, the caretaker must provide verification of anticipated income for the next month and that income must be used for all remaining months of the certificate period.

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### Determining Prospective Income When Changing from Waived Co-pay to Co-pay 400-28-75-30

(Revised 10/1/11 ML #3278)

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When an ongoing Child Care Assistance Program (CCAP) case is receiving [TANF](#), Diversion or [Crossroads](#) and that program is closed, the CCAP case is changed from [Waived Co-pay](#) to [Co-pay](#) the month following the month the TANF case closes. Because the CCAP case is now Co-pay, [income](#) must be used to determine eligibility.

Income that would have been available to the household in the final month of TANF, Diversion or Crossroads must be reviewed. If this specific source of income is reflective of next month's income, the income must be used for all remaining months of the [certificate](#) period.

If the income is not reflective, the caretaker must provide [verification](#) of the anticipated income for next month and that income must be used for all remaining months of the certificate period.

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### Determining Prospective Income When Changing from Co-pay to Waived Co-pay 400-28-75-35

(Revised 10/1/11 ML #3278)

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When an ongoing Child Care Assistance Program (CCAP) case is approved for [TANF](#), Diversion or [Crossroads](#), the case is considered a [Waived Co-pay](#) case effective the month the case is approved for TANF, Diversion or Crossroads.

**Note:** The [income](#) does not count and must be removed from the system when changing the grant type in the CCAP payment system to T (TANF), L (Transition), C (Crossroads) or D (Diversion).

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### **Rounding 400-28-75-40**

(Revised 10/1/11 ML #3278)

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[Income](#) and the amount paid to the provider are to be rounded down to the nearest dollar.

- On the Excel Spreadsheet, enter the full amount of income and the spreadsheet will round down the income after allowable deductions are subtracted.
- For the computer system, the eligibility worker should round down the gross amount of income prior to entering the income on the calculation screen.

**Example:** A family has multiple paychecks each month from a couple of jobs. After conversion of the income, the total income equals \$700.75 from job A, \$50.82 from job B and \$643.18 from job C, total \$1394.75. The family pays \$144.00 in [child support](#). Total countable income is \$1250.75 and is rounded down to \$1250.00.

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### **Income Levels 400-28-75-45**

(Revised 10/1/11 ML #3278)

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The income level does not apply to TANF, Crossroads, or Diversion cases as income for these cases is not counted. The income level applies to Co-pay cases.

Gross [income](#) is the income before any deductions. The gross income, earned and unearned, of all household members will be used for the Child Care Assistance Program (CCAP) including the members in a [loco parentis](#) household, [stepparent](#), and unmarried couples where [paternity](#) of at least one child in common is acknowledged or adjudicated.

Net countable income is determined by taking the gross countable income and deducting court ordered child and/or [spousal support](#).

The net countable income and household size of the family is matched against the [Child Care Sliding Fee Schedule](#) to determine if a family meets the income level for CCAP.

The household's income must be tested against the income level and applied to the Child Care Sliding Fee Schedule at initial application, 6 month review, when adding and removing household members and when a case changes from [Waived Co-pay](#) to [Co-pay](#).

If the household size and net countable income exceed the limit on the Child Care Sliding Fee Schedule, the household is not eligible and the following action must be taken:

- At application, the application will be denied
- At 6 month review, the case will be closed

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- When adding person(s) or removing person(s) at the same time, the case would be closed.

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### **When Income is Verified and Changed 400-28-75-50**

(Revised 10/1/11 ML #3278)

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[Verification](#) of [income](#) for all household members is required at application, 6 month review, or when a case changes from [Waived Co-pay](#) to [Co-pay](#).

When adding a household member, only the household member who is being added must verify their income. No change in income is made to the income of the already existing household members.

When removing a person, the income of the person being removed is deleted for the same month the individual is being removed from the case.

When a case goes from Co-pay to Waived Co-pay, the income does not count and must be removed from the system.

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### **Calculation of Allowable Child Care Hours 400-28-80**

#### **Overview 400-28-80-05**

(Revised 10/1/11 ML #3278)

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The calculation of allowable child care hours must be completed to determine the child care [needs](#) of a child based on the child's schedule and the [caretaker's](#) activity hours.

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### Calculating Allowable Child Care Hours 400-28-80-10

(Revised 10/1/11 ML #3278)

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To calculate the [Level of Care](#), the eligibility worker must determine the actual allowable hours by:

- Determining the weekly allowable activity hours for the [caretaker](#) for **each** activity
- Determining the weekly schedule for each child
- Determine each child's Level of Care using the caretaker's schedule and the child's schedule
  - Any weekly hours the caretaker is participating in an allowable activity and the child needs care during the time the caretaker is in the allowable activity will determine the child's hours of needed care per week.
  - The child's hours of needed care per week determine the Level of Care of full time, part-time, or hourly.

When determining the caretaker's activity schedule:

- If the caretaker has a set schedule and the schedule is not questionable, use the caretaker's schedule to calculate each child's hours of needed care per week.
- If the caretaker does not have a set schedule and informs the Eligibility Worker of their schedule, if the schedule is not questionable, use the caretaker's schedule for the same month the income is used to calculate each child's hours of needed care per week.
- If the caretaker does not have a set schedule and the caretaker provides a schedule that is questionable, the caretaker must provide verification of the schedule for the same month as the income is used. Use the caretaker's verified schedule to determine each child's hours of needed care per week.

The following methods must be used to determine the weekly allowable activity hours of the caretaker's activity:

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#### **1. Work Hours Calculation**

Weekly work hours are determined by using verified paystubs, employer's statements, etc. Refer to 400-28-80-15, Travel Time and Lunch Break Calculation, to determine additional allowable hours.

If the caretaker is engaged in ongoing employment:

- Paystubs from the month of application are used if all are available and are reflective of the anticipated work hours.
- If paystubs from the month of application are available and are not reflective of the anticipated work hours, the caretaker must provide verification of the anticipated work hours and these hours will be used to determine the weekly allowable activity hours.
- If all paystubs from the month of application are not available paystubs from the month prior to the application month are used if they reflect the anticipated work hours.
- If paystubs from the month prior to the application month are not reflective of the anticipated work hours, the caretaker must provide verification of anticipated work hours and these hours will be used to determine the weekly allowable activity hours.

If the caretaker begins new employment the caretaker must provide verification from the employer of the anticipated weekly work hours.

Once hours have been established, the worker must calculate the weekly average hours for the allowable activity of the caretaker.

To calculate the number of weekly work hours the following methods are used:

- For individuals who are paid weekly, the total number of work hours shown on all pay stubs received in the month are divided by the number of pay stubs in the month to arrive at the average weekly hours worked.
- For individuals who are paid bi-monthly, the total number of work hours shown on both pay stubs received in the month are divided by the number of pay stubs received in that month to

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arrive at the average number of work hours per pay period. The pay period total hours are then divided by 2 to arrive at the average weekly hours worked.

- For individuals who are paid monthly, the total number of work hours shown on the pay check received in the month is divided by 4 to arrive at the average, weekly hours worked.

If an employer verifies a range of work hours, the higher number of work hours verified will be used as the allowable activity hours for the caretaker.

**Note:** The pay stubs, employer statement, work schedule, etc., that was used to determine the [income](#) eligibility must be the same paystubs, employer statement, work schedule, etc., that is used to determine allowable activity hours.

#### 2. Student Hours Calculation

Student credit hours must be verified by a class schedule. Two (2) hours will count for each credit hour per week a student is enrolled in an allowable education activity. Refer to 400-28-80-15, Travel Time and Lunch Break Calculation to determine additional allowable hours.

**Example:** A class schedule verifies 12 credit hours. The student is allowed 24 hours per week of allowable activity hours.

Hours can be allowed for a caretaker in education who has a break of less than a full [calendar month](#) between terms, if the provider charges for time during the break.

**Example:** An individual was in education from August through early December and will return to school in January. The provider continues to charge the individual during the break. The same level of care should continue during the semester break so as to not disrupt the family's child care availability.

#### 3. [Job Search](#) Hours Calculation

Up to 20 hours a week can be allowed for job search. This can be self-declared. No additional hours are allowed for travel and breaks.

**NOTE:** This does not apply to [JOBS](#) and Tribal NEW recipients as the Employability Plan dictates the allowable hours.

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### Travel Time and Lunch Break Calculations 400-28-80-15

(Revised 10/1/11 ML #3278)

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Reasonable [travel time](#) and breaks must be allowed while participating in an allowable activity. For all activities, an additional 25% of the [caretaker's](#) allowable weekly activity hours will be added to their hours to allow for travel time and lunch breaks.

**Exception:** Time for travel and lunch break are not allowed for [Job Search](#).

At the end of the calculation the hours are rounded up.

**Example:** If the caretaker is an allowable activity 17 hours per week:

$$17 \times .25 = 4.25 \text{ hours}$$

$$17 + 4.25 = 21.25$$

Rounded up to 22 hours

The caretaker's allowable activity hours per week are 22.

If the caretaker's travel and break time exceeds the 25%, this will need to be reviewed on a case by case basis. The case must be documented to support the additional hours for travel and breaks.

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### **Night Shift Work 400-28-80-20**

(Revised 10/1/11 ML #3278)

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A [caretaker](#) who works night shifts, such as midnight to 8:00 a.m., will require sleep time. Up to 6 hours of sleep time after each shift can be allowed.

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### Absent Days for Illness 400-28-80-25

(Revised 10/1/11 ML #3278)

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Up to 16 hours per [calendar month](#) can be allowed for a child who is absent from the day care setting for reasons of illness or while they attend medical appointments if the provider normally requires payment to maintain the spot of a child absent for those reasons.

**Note:** Medical documentation and [verification](#) of hours the [caretaker](#) was in the allowable activity on the absent days is not needed for absent days unless [fraud](#) is suspected.

The days and number of hours per day that the child was absent because of their illness or to attend medical appointments must be listed on the Child Care Billing Report form.

Hours will not be allowed when:

- The provider is absent for any reason (e.g. such as medical, holiday, vacation, temporary illness)
- The caretaker(s) is absent from the allowable activity for any reason (e.g. such as medical, holiday, vacation, maternity leave, temporary illness)

**Note:** Hours are allowed for students during breaks of less than a full calendar month between terms, **if** the provider charges for time during the break.

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### **Crossroad Hours Calculation 400-28-80-30**

(Revised 10/1/11 ML #3278)

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Allowable activity hours are verified through the [Crossroads](#) coordinator.

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### **TANF Hours Calculation 400-28-80-35**

(Revised 10/1/11 ML #3278)

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Allowable activity hours are based on information listed on the [JOBS](#) Employability Plan or Tribal NEW Service Plan. If the [recipient](#) is participating more hours than the minimum requirements for the JOBS/Tribal NEW, the additional hours are allowed.

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### Level of Care 400-28-85

#### Overview 400-28-85-05

(Revised 10/1/11 ML #3278)

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The [Level of Care](#) is used to determine whether a child [needs](#) full-time, part-time or hourly child care.

- If the child is not school age that child's Level of Care is based on the [caretaker's](#) allowable activity hours.
- If the child is attending any type of school (Headstart, [preschool](#), elementary, etc), that child's school schedule is needed to determine their Level of Care.

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### **Determining the Level of Care 400-28-85-10**

(Revised 10/1/11 ML #3278)

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To determine the [Level of Care](#):

- The [caretaker](#) must provide [verification](#) of activity hours (pay stubs, employer statement, class schedule, time sheets, etc).
- For a school aged child, the child's school schedule is needed.

The Level of Care is determined:

- If the weekly hours calculated for a child average 25 or more per week, the child falls into the full-time Level of Care.
- If the weekly hours calculated for a child average from 14 to less than 25 hours per week, the child falls into part-time Level of Care.
- If the weekly hours calculated for a child average less than 14 hours per week, the child falls into hourly Level of Care.

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### **Child Not in School 400-28-85-10-05**

(Revised 10/1/11 ML #3278)

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The child's schedule is the time they [need](#) child care based on the [caretaker's](#) allowable activity hours. The caretaker's allowable activity hours per week will determine the Level of Care from the [Child Care Sliding Fee Schedule](#). The Level of Care determination is entered on the [certificate](#).

Payment of the costs for the hours of child care exceeding the Level of Care determination for the child will be the responsibility of the family.

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### **Child in School 400-28-85-10-10**

(Revised 10/1/11 ML #3278)

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A school age child is considered a student year round. If the child is school age, the time they are required to be at child care is based on the child's school schedule and the [caretaker's](#) allowable activity hours.

The number of weekly hours that a school aged child is required to be at child care is calculated by comparing the child's school schedule with the caretaker's allowable activity.

An additional 36 hours per month will be added for days there is no school. 36 divided by 4 equals 9. The 9 hours a week are added to the child's weekly hours.

The total weekly hours will determine the Level of Care from the [Child Care Sliding Fee Schedule](#). The Level of Care determination is entered on the [certificate](#).

Payment of the costs for the hours of child care exceeding the [Level of Care](#) determination for the child will be the responsibility of the family.

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### Co-pay Requirements 400-28-90

#### Overview 400-28-90-05

(Revised 10/1/11 ML #3278)

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Federal regulations require each family receiving Child Care Assistance Program (CCAP) benefits to contribute towards the monthly costs of such care.

- The portion that a family is responsible to contribute is called a [Co-pay](#).
- The Co-pay that is applied to child care costs incurred each month is referred to as [Family Monthly Co-pay](#).

The Co-pay requirement is waived for families receiving [TANF](#), Diversion and Crossroads.

Families who are not waived from the Co-pay requirement are subject to a Family Monthly Co-pay when determining their CCAP eligibility. In addition to the Co-pay, the family is responsible for any amount that is charged over the [State Maximum Monthly Share](#) amount.

It is the responsibility of the provider to collect the Co-pay from the family. [Verification](#) that the Co-pay has been paid is not required.

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### **Determination of Family Monthly Co-pay 400-28-90-10**

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For each family subject to [Co-pay](#), the [Family Monthly Co-pay](#) must be determined. Family Monthly Co-pay is determined by using the net countable [income](#) (gross [monthly income](#) less child/[spousal support expenses](#)) and household size which is then compared to the [Child Care Sliding Fee Schedule](#). The Child Care Sliding Fee Schedule contains a Co-pay column for each income range and household size level.

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### **Applying the Co-pay 400-28-90-15**

(Revised 10/1/11 ML #3278)

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The [Family Monthly Co-pay](#) amount is subtracted from the [State Rate](#) to determine the [State Maximum Monthly Share](#).

When payment is being determined, the Family Monthly Co-pay is deducted from the amount billed on the Child Care Billing Report Form.

When applying the Family Monthly Co-pay to payments:

- The Family Monthly Co-pay is applied to the provider who is first entered into the payment system. If there are two providers, the Family Monthly Co-pay is applied to the first provider entered into the payment system. If any amount of the Family Monthly Co-pay is remaining it will be applied to the second provider, etc.
- If the Family Monthly Co-pay is greater than the child care costs incurred in a month, no child care payment will be made for the month.
- If the Family Monthly Co-pay is less than the child care costs incurred, the Family Monthly Co-pay is deducted from the billed amount and the remaining billed amount is the maximum payment that will be made.

The DN 241, [Child Care Sliding Fee Schedule](#) is included at Section [400-28-165-25](#).

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### **Waived Co-pay Families 400-28-90-20**

(Revised 10/1/11 ML #3278)

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The [Co-pay](#) requirement for certain families with very low [income](#) will be waived and their child care paid up to the [State Maximum Monthly Share](#). These include:

- Families receiving services through the [Crossroads](#) Program
- Ineligible/SSI children whose [caretaker](#) is receiving [TANF](#) or Diversion
- Families receiving TANF or Diversion

**Note:** Payment of child care is subject to Co-pay when the child care is a result of an activity for a TANF caretaker who is:

- In receipt of SSI
- A Disqualified [Alien](#) or
- An ineligible non-legally responsible caretaker

Families not subject to the Co-pay requirements are not subject to the income requirements. Child care for the eligible child is paid up to the [State Rate](#). These families do not have to provide [verification](#) of their income in order for their eligibility to be determined.

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### **Child Care Sliding Fee Schedule 400-28-95**

(Revised 10/1/11 ML #3278)

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The [DN 241 Child Care Sliding Fee Schedule](#) was developed to determine cost sharing by a family and Child Care Assistance Program based on [income](#), size of the family, the age of the child, type of provider and [Level of Care](#).

The [Child Care Sliding Fee Schedule](#) includes the Level of Care (categories) based on the number of hours [needed](#) for care of the child. Child care hours used will fall into one of three Levels of Care (categories) for each child. Each Level of Care (category) has a maximum allowable weekly and monthly cap by provider type and age of child.

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### **State Rates, Payment, and Family Share 400-28-100**

#### **State Rate 400-28-100-05**

(Revised 10/1/11 ML #3278)

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[State Rate](#) is the maximum amount the state allows per child based on the [Child Care Sliding Fee Schedule](#).

The State Rate is determined using the Child Care Sliding Fee Schedule and is based on:

- The age of the child
- The type of provider
- The [Level of Care](#)

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### **State Maximum Monthly Share 400-28-100-10**

(Revised 10/1/11 ML #3278)

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The [State Maximum Monthly Share](#) is the maximum amount the state will pay for child care costs of a child eligible for the Child Care Assistance Program (CCAP) in a specific month. The State Maximum Monthly Share is the [State Rate](#) less the [Family Monthly Co-pay](#), if [Co-pay](#) applies.

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### **Child Care Assistance Program (CCAP) Payment 400-28-100-15**

(Revised 10/1/11 ML #3278)

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The amount paid by the Child Care Assistance Program is the lesser of the [State Maximum Monthly Share](#) or the actual amount billed for that month minus the [Family Monthly Co-pay](#).

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### **Family Share 400-28-100-20**

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The [caretaker](#) is responsible to pay their [Family Monthly Co-pay](#) (if the caretaker is subject to [Co-pay](#)). In addition, the caretaker is responsible to pay any amount that exceeds the [State Maximum Monthly Share](#) as well as any other costs deemed as non-allowable under the Child Care Assistance Program.

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### Provider Requirements and Information 400-28-105

#### Overview 400-28-105-05

(Revised 10/1/11 ML #3278)

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This section provides information regarding the requirements a provider must meet in order to receive payment from the Child Care Assistance Program (CCAP).

To be eligible for CCAP the child care provider must:

- Be 18 years of age or older, and
- [Licensed](#), [self-declaration](#), an [approved relative](#) or [registered](#) by a Tribe
- Complete a W-9

**NOTE:** If a North Dakota licensed, self-declaration, approved relative, or [Tribal registration](#) moves, it invalidates the current licensed, self-declaration, approved relative, or Tribal registration.

- If an eligibility worker becomes aware that an approved relative provider has moved, the eligibility worker must notify the State CCAP office of the move.
- If an eligibility worker becomes aware that a licensed or self-declaration provider has moved, the eligibility worker must notify the county licensing staff.

Providers who are registered or licensed by a Tribe or licensed by the air force bases may be accepted by the CCAP program. Out of state providers who live in bordering cities are acceptable providers. All of these providers must submit a copy of their current licenses, and a "W-9, Request for Taxpayer Identification Number and Certification" to the State CCAP office. Renewed licenses, registrations, and self-declarations must be submitted yearly by the provider to the State CCAP office along with a current W-9.

Relative providers approved to provide care for specific children are given a provider ID number by the State CCAP office. Their continued enrollment in

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CCAP is contingent upon being updated annually and their submitting an updated W-9 each year. If the relative provider moves, the approval becomes invalid and the relative provider needs to reapply.

A [sibling](#) who lives in a separate residence from the child can be a provider if they comply with all applicable requirements to be a licensed, self-declaration, approved relative or Tribal registration.

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### In Home Child Care Due to Illness/Disability 400-28-105-10

(Revised 10/1/11 ML #3278)

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[NDCC 50-33-08](#)

[In-home](#) child care will be allowed and must be approved for the following instances as approved by Child Care Assistance Program (CCAP) State Administrator **prior** to care being provided:

1. If a child's health would be at risk, written documentation from a health care professional must be submitted to CCAP State Administrator satisfactorily demonstrating the health risk to the child if the child is taken to an outside provider, or
2. For a disabled child, written documentation must be provided to the State Child Care Office demonstrating that the child's disability is such that taking the child to an outside provider creates an undue hardship.

**Note:** In-home child care must be paid at federal minimum wage.

A family who chooses in-home care in these situations will be eligible for payment for CCAP based on the same criteria as other families who have out-of-home providers.

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### In Home Child Care When Provider and Child Reside in Same Home 400-28-105-15

(Revised 10/1/11 ML #3278)

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If the provider and the child live in the same home (grandma for example), the care is considered to be provided in the provider's home. The provider may be paid if they are a [licensed](#), [self-declaration](#), [approved relative](#), or [registered by a Tribe](#).

A child's [sibling](#) who is age 18 or older, providing child care and residing in the same home can be reimbursed if licensed or self-declaration. A sibling residing in the home is not eligible to be an approved relative and payment cannot be made.

**NOTE:** If the sibling providing child care lives in a separate residence from the child, payment can be made if the sibling complies with any applicable requirements to be a licensed, self-declaration, approved relative or registered by a Tribe.

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### **Approved Relative 400-28-105-20**

(Revised 10/1/11 ML #3278)

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#### [NDAC 75-02-01.3-05](#)

An Approved Relative is a provider, whose relationship to the child by marriage, blood, or court degree, is a:

- Grandparent (including step-grandparents)
- Great-grand parent (including great step-grandparents)
- Aunt or uncle (including step-aunt or uncle)
- [Sibling](#) (including step-siblings)

**NOTE:** Siblings cannot be an 'approved relative' provider if the sibling resides with the child.

The approved relative must qualify to participate as a provider for Child Care Assistance Program. To qualify, the relative must complete the application [SFN 23](#), Application for Approval for Relative Child Care Provider and W-9, Request for Taxpayer Identification Number and Certification forms and return to Public Assistance Division for processing.

To assure health and safety of children, applications are reviewed against known information within ND Department of Human Services before approving a relative provider along with the:

- North Dakota Supreme Court Website
- North Dakota State's Attorney's Sex Offender website
- Children and Family Services criminal back ground check

If an [applicant](#) relative provider or another adult(s) living in the home has been found guilty of or plead guilty to: assaults, threats, coercion, harassment, kidnapping, or gross sexual imposition, the [Department](#) determines the member's ability to serve as a provider.

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An approval or [denial](#) letter is sent to the applicant relative provider. An applicant may appeal the decision by submitting a signed written request to the agency within 30 days from the date of the notice of the letter. During an appeal process, payments will not be made by the Child Care Assistance Program.

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### **Record Keeping by Approved Relatives 400-28-105-20-05**

(Revised 10/1/11 ML #3278)

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The [approved relative](#) provider is to keep sign-in/sign-out records for each child receiving child care assistance. Sign-in/sign-out records must indicate the child's name, the date, the hour, and the minute when the child enters and leaves the provider's care. The provider shall make sign-in/sign-out records available to state and county social services upon request. The provider shall manage sign-in/sign-out sheets in a manner which protects the identity of families receiving assistance.

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### Qualified Providers for Payment 400-28-105-25

(Revised 10/1/11 ML #3278)

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Child Care Assistance Program applications cannot be approved and a certificate cannot be issued or updated unless the provider is [licensed](#), Air Force Base licensed, under [self-declaration](#), an [approved relative](#) provider, or [registered by a Tribe](#).

If the provider is not licensed, Air Force Base licensed, under self-declaration, an approved relative provider, or registered by a Tribe, and the provider will not complete that process within the processing time frame for an application, the application must be denied.

Child care will go back to the first of the month in which the provider's licensed, Air Force base license, under self-declaration, an approved relative provider, registered by a Tribe is effective.

If an [applicant](#) applies and requests child care for a [prior month](#) and the provider's licensed, Air Force Base license, under self-declaration, an approved relative provider, registered by a Tribe was not effective in that prior month, payment cannot be made to that provider.

If the provider's licensed, Air Force Base license, self-declaration, approved relative provider, registered by a Tribe expiration date is during a month, payment for that month can only be up to the expiration date. Any care provided following expiration date of their status, **cannot** be paid. The case must be closed at the end of the month if there are no other providers.

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### **Provider Allowance for Parental Access 400-28-105-30**

(Revised 10/1/11 ML #3278)

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The provider must allow unlimited parental access to the [parent's](#) children while the child is in the provider's care.

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### **No Discrimination 400-28-105-35**

(Revised 10/1/11 ML #3278)

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The child care provider may not discriminate against children based on race, national origin, ethnic background, sex, religion, or handicap.

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### Qualified Provider Codes 400-28-105-40

(Revised 10/1/11 ML #3278)

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The following are the provider codes that identify the provider type to be used for payment and the descriptions of provider types on the payment screen:

AR = [Approved relative](#) providers  
CT = Center providers  
IN = [In-home providers](#)  
NF = Non-relative in family day care providers  
NG = Group care providers  
RF = Relative in family day care providers  
SC = [Self-declaration](#) providers  
TR = [Tribal Registration](#) providers

When licensing or registering a provider or when a provider is approved as self-declared, Children and Family Services assigned a type to a provider. The following is a listing of the provider types that can be viewed when inquiring on a provider:

C - <a href="#">Child Care Center</a>	K - School Age Child Care
E - <a href="#">Preschool Education Facility</a>	M - <a href="#">Multiple License</a>
F - Family Child Care	P - Public Approvals
G - <a href="#">Group Child Care Home</a>	R - Tribal Registration
H - <a href="#">Group Child Care Home</a>	S - Self-Declaration
I - In Home Child Care	Q - Approved Relative

The following is a listing of the out-of-state and Tribal numbers. These numbers are used in place of the county numbers in the license number.

91 Minnesota

96-Turtle Mountain

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92 - South Dakota	97 - Spirit Lake
93 - Montana	98 - Standing Rock Sioux
94 - Trenton Indian Service Area	99 - ND Air Force Bases
95 - Three Affiliated Tribes	

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### Provider's Suspension or Denial of License 400-28-105-45

(Revised 10/1/11 ML #3278)

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A provider, **not** currently [licensed](#) or [self-declaration](#) who applies for a license or self-declaration and is denied are not eligible for a Child Care Assistance Program (CCAP) payment. If the provider appeals the [denial](#) the CCAP will **not** pay for child care during the period of the appeal as the provider is not licensed or self-declaration. If the provider wins the appeal, CCAP will make back payments as the license or self-declaration will be back dated to the date the county made the decision to deny.

When a child care provider's license or self-declaration is suspended, CCAP will **not** make a payment as the provider is not currently licensed or self-declaration. After a suspension is issued, a revocation may be issued. The revocation can be appealed. A suspension cannot be appealed.

If a provider is issued an 'Intent to Revoke', CCAP can continue to pay the provider until the effective date the license or self-declaration is revoked. If the provider appeals that decision, CCAP can continue to pay the provider during the course of the appeal. If provider loses the appeal all payments made during the appeal process will be considered [overpayments](#) and must be paid back to CCAP by the provider.

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### **W-9 Request for Taxpayer Identification Number and Certification 400-28-105-50**

(Revised 10/1/11 ML #3278)

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The "W-9," Request for Taxpayer Identification Number and Certification" must be submitted by the Provider when the following occurs:

- A provider who is going to provide services to a family who is receiving Child Care Assistance
- Lapse between [qualified provider](#) period (such as renewal)
- Change in name
- Change in provider type (family to [group](#), group to center, et cetera)
- Change in address
- Change in either Social Security Number (SSN) or Employee Identification Number (EIN)

The W-9's should be completed and mailed to:

Child Care Assistance Program  
ND Department of Human Services – Dept 325  
600 E Boulevard Ave  
Bismarck, ND 58505-0250

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### **1099 Miscellaneous Tax Form and Internal Revenue Service (IRS) Reports 400-28-105-55**

(Revised 10/1/11 ML #3278)

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Because providers are receiving payments from Child Care Assistance Program, federal law requires that a "1099 Miscellaneous Tax Form" showing total payments paid during the year be sent to the provider. These figures are reported to IRS. To make payment to a provider, a "W-9, Request for Taxpayer Identification Number and Certification" showing his or her name which is used when filing taxes, name of business if applicable, and tax ID number, must be submitted to the State office.

Providers who receive less than \$600 per year from the Department of Human Services will not be issued a "1099 Miscellaneous Tax Form." The Department of Human Services will send a letter explaining why the provider is not getting a "1099 Miscellaneous Tax Form" and the amount the provider received during the year.

When checks are returned to be canceled, the payment record for the appropriate provider will be adjusted by the Department of Human Services to reflect the correct amount on the "1099 Miscellaneous Tax Form".

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### **American Indian Tribes 400-28-110**

(Revised 10/1/11 ML #3278)

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American Indian Tribes administer their own child care program covering their normal service delivery area. American Indian children have the option of receiving services from the tribal program or the one administered by the Department of Human Services. The county social service boards and the tribes must coordinate the programs to prevent duplicate payments. The American Indian household shall have the option of which program they will utilize on a monthly basis. It is not necessary for the two entities to split payment for a [calendar month](#).

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### Caretaker Choice 400-28-115

#### Caretaker's Choice to Select a Provider 400-28-115-05

(Revised 10/1/11 ML #3278)

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[NDAC 75-02-01.3-10](#)

The [caretaker](#) may choose a provider of services for each child who is [licensed](#), Air Force Base licensed, [self-declaration](#), [approved relative](#), or [Tribal registration](#) who receives or is offered child care services for which financial assistance is provided through the Child Care Assistance Program.

**Note:** The Department of Human Services is not bound by or responsible for either party's compliance with the terms of any contract entered between a provider and a caretaker.

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### Caretaker and Provider Contract for Services 400-28-115-10

(Revised 10/1/11 ML #3278)

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#### [NDAC 75-02-01.3-10](#)

When a [caretaker](#) chooses a child care provider, there is generally a contract outlining what is expected of the family for situations of absences, holidays, vacations, and termination of services.

A contract detailing the conditions related to payment for unscheduled absences, holidays and vacations, as well as termination of services is often entered into between a caretaker and the child care provider chosen. The Child Care Assistance Program (CCAP) is neither a party of nor subject to any contract or any terms therein included.

- CCAP will not be paid while the provider is absent for any reason (e.g. medical, holiday, vacation, etc.)
- CCAP will not be paid while the caretaker(s) is absent for any reason (e.g. medical, temporary illness, holiday, vacation, etc.)
- CCAP pays for child care for a child's absence if the absence meets the criteria in Section [400-28-80-25](#), Absent Days for Illness section of this manual

A contract may require that a notice of termination be given and the provider may request payment for that period of time. CCAP will not reimburse costs incurred because of a termination agreement unless the child was present and was provided care during that period of time.

Providers must **NOT** charge CCAP caretakers more than they are charging their lowest charged private pay families.

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### **Caretaker Access 400-28-115-15**

(Revised 10/1/11 ML #3278)

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By federal law, a [caretaker](#) must be allowed unlimited access to the children while in care and to the providers caring for the children during normal hours of provider operation.

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### **Child Care Assistance Program Certificate 400-28-120**

#### **Overview 400-28-120-05**

(Revised 10/1/11 ML #3278)

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[NDAC 75-02-01.3-06](#)

Federal Regulations require states to issue a '[Certificate](#)' to the eligible family and provider which informs them of the eligibility period, children who have been approved, [Level of Care](#) for each child, [State Rate](#) for each child, and the [Family's Monthly Co-pay](#).

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### Certificate Requirements 400-28-120-10

(Revised 10/1/11 ML #3278)

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[NDAC 75-02-01.3-06](#)

A [certificate](#) is issued by the Department of Human Services to the [caretaker](#) who is eligible. The certificate contains:

- The name and address of the caretaker
- The names of children who will be receiving Child Care Assistance Program benefits
- The [Level of Care](#)
- The Family's Monthly Co-pay
- The [State Rate](#)
- The caretaker's [allowable activities](#) (work, [job search](#), education, training)

**Note:** The names of specific assistance programs are not to be shown on the certificate. For TANF recipients, list "Job Activities" for the allowable activities.

- The period covered by the certificate
- The caretaker's right to appeal

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### **Certificate Time Frames 400-28-120-15**

(Revised 10/1/11 ML #3278)

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[NDAC 75-02-01.3-06](#)

[Certificates](#) are issued for a six month period of time with the following exceptions:

- Month prior to the month of application (one month certificate); and
- The 2 final months of [TANF](#) (one or two month certificates).

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### **Certificate Start Dates 400-28-120-20**

(Revised 10/1/11 ML #3278)

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[Certificates](#) for applications begin the first day of the month for which the application is approved.

Certificates for a review begin the month following the expiration of the existing certificate.

The begin date of a certificate that is updated is determined by the effective date of the change which is based on whether or not the change was reported timely.

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### **Certificate End Dates 400-28-120-25**

(Revised 10/1/11 ML #3278)

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[NDAC 75-02-01.3-06](#)

A [certificate](#) expires at the end of the certificate period or at the end of the month the case closes, whichever is earlier. When a certificate is updated, the end date is not changed.

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### **Issuing a Certificate 400-28-120-30**

(Revised 10/1/11 ML #3278)

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[NDAC 75-02-01.3-06](#)

The following information is required to issue a [certificate](#):

- Household composition
- Household [income](#)
- Child/[spousal support](#) paid out
- The child care provider(s) for each child requesting assistance
- The provider(s)'s EIN/SSN
- Provider type
- [Level of Care](#) required
- [Caretaker](#)(s) allowable activity/schedule
- Child(ren)'s schedule (school age)

Upon receipt of this information, the Excel spreadsheet may be used to determine the [Co-pay](#) and [State Rate](#). When the Excel spreadsheet is used, a copy must be included in the case file.

The issuance of a certificate does not require submittal of a Child Care Billing Report form.

A certificate is issued:

- At application
- At 6 month review

The caretaker is sent two copies of the certificate, one labeled 'caretaker's copy' and one 'provider's copy'. The caretaker is responsible for giving the provider a copy of the certificate.

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### Updating Certificates 400-28-120-35

(Revised 10/1/11 ML #3278)

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[NDAC 75-02-01.3-06](#)

When a [certificate](#) is issued, the certificate is not changed unless the criteria to change a certificate are met.

A certificate must be updated for the following circumstances:

- When a case changes from [Waived Co-pay](#) to [Co-pay](#), the certificate must be updated for the month following the month the TANF, Diversion or [Crossroads](#) case closes. The actual updating must be completed in the month following the month of the closure.

**Example:** A TANF case closes on October 31st. The certificate must be updated in the month of November with a certificate start date of November 1.

- When a case changes from Co-pay to Waived Co-pay, the certificate must be updated effective the month the case is approved for TANF, Diversion or Crossroads.
- When an [Intentional Program Violation](#) disqualification penalty is imposed the certificate must be updated effective the month the individual is disqualified.

**Example:** If an IPV is imposed effective for July, the certificate for July must be updated to remove the disqualified individual from the household size.

If a certificate must be updated as the result of a change, the caretaker is sent two copies of the updated certificate, one labeled 'caretaker's copy' and one 'provider's copy'. The caretaker is responsible for giving the provider a copy of the updated certificate.

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### **Mandatory, Non-Mandatory, and Known Information Changes 400-28-125**

#### **Mandatory Changes 400-28-125-05**

(Revised 10/1/11 ML #3278)

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Mandatory changes must be reported to the [county social service office](#) within 10 days from the date the event occurs. Mandatory reportable changes are:

- Change in household size
  - Someone moves into the household
  - Someone moves out of the household
- Change in allowable activity
  - Start or end of [job search](#)
  - Start of work activity (not previously in a work activity)
  - End of work activity (no longer in a work activity)
  - Start or end of school which includes
    - A postsecondary student completes an associate degree, postsecondary diploma, certificate of completion or any other [vocational training](#) course or if the [caretaker\(s\)](#) changes to another course of study.
  - Start or end of [TANF](#), Diversion or [Crossroads](#)
- Increase in monthly child care hours for a child
- Changes in provider(s) or addition of provider(s)
- State residency

Actions required to be taken following the report of a mandatory change may include:

- Requesting additional information from the caretaker
- Updating information in the case file
- Updating information in the Child Care Assistance Program system
- Updating the [certificate\(s\)](#), if required
- Closing the case if the case must be closed
- Document actions taken

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If the mandatory changes results in no changes in eligibility and/or the certificate(s), the case file must be documented to reflect the change reported and the reason no action was taken.

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### **Non-Mandatory Changes 400-28-125-10**

(Revised 10/1/11 ML #3278)

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Non-mandatory changes that may be reported to the [county social service office](#) include but are not limited to:

- Change of resident address or mailing address of [caretaker](#)
- Name changes for any household member

Actions required to be taken following the report of a non-mandatory change may include:

- Requesting additional information from the caretaker
- Updating information in the case file
- Updating information in the Child Care Assistance Program system
- Updating the [certificate\(s\)](#), if required
- Document in case file actions taken

If the non-mandatory changes results in no changes in eligibility and/or the certificate(s), the case file must be documented to reflect the change reported and the reason no action was taken.

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### **Known Information to Agency 400-28-125-15**

(Revised 10/1/11 ML #3278)

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Known information to the agency is information that the eligibility worker receives from other programs or outside sources instead of from the [caretaker](#).

Note: An [IEVS](#) (Income Eligibility Verification System) hit is not considered known information. The [verifications](#) submitted resulting from the IEVS match is deemed known information.

Actions required to be taken following the receipt of 'known information' may include:

- Requesting additional information from the caretaker
- Updating information in the case file
- Updating information in the CCAP system
- Updating the [certificate](#)(s) if the certificate(s) must be updated
- Closing the case if the case must be closed
- Document in case file actions taken

The eligibility worker must document the date they became aware of the 'known information'.

If the known information results in no changes in eligibility and/or the certificate(s), the case file must be documented to reflect the change reported and the reason no action was taken.

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### **Reporting Changes 400-28-125-20**

(Revised 10/1/11 ML #3278)

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Changes may be reported in writing, in person, by telephone, by fax or electronically. An [SFN 670](#), Child Care Assistance Program Change Report may be used to report changes.

If a change is reported after business hours on a weekend or a holiday, the change will be considered received on the next business day. This applies to changes that are received by **any means** such as telephone, fax, mail or electronically.

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### **Changes Reported That Required Additional Information 400-28-125-25**

(Revised 10/1/11 ML #3278)

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When a mandatory change is reported (whether timely or not) and additional information is needed, the eligibility worker must send the 'Correspondence' notice. This notice must include:

- The specific information needed
- That the case will close if the information is not provided in 10 days

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### **Changes Considered Timely Reported and Timely Verified 400-28-125-30**

(Revised 10/1/11 ML #3278).

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When a change is reported and [verified timely](#):

- If the change benefits the [caretaker](#), the change is implemented the month the change occurred.
- If the change does not benefit the caretaker and the case remains eligible, the change is implemented the month following the month the change is reported and verified.
- If the change causes ineligibility a closing notice must be sent to close the case at the end of the month the closing notice is sent.

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### **Changes Considered Not Timely Reported and Timely Verified 400-28-125-35**

(Revised 10/1/11 ML #3278)

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Changes that are not [timely reported](#) include changes that are reported timely but are not [verified timely](#). When this occurs:

- If the change benefits the [caretaker](#), the change is implemented the month following the month the change was reported and verified.
- If the change does not benefit the caretaker and the case remains eligible, the change is implemented the month the change occurred.
- If the change causes ineligibility a closing notice must be sent to close the case at the end of the month the closing notice is sent.

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### Verification Not Received Timely but Received Prior to Case Closure 400-28-125-40

(Revised 10/1/11 ML #3278)

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If the [caretaker](#) did not provide the required [verifications](#) within the 10 days and the case is set to close and prior to the closing date the caretaker submits the required verifications:

- If the change benefits the caretaker, the change is implemented the month following the month the verifications were received.
- If the change does not benefit the caretaker, the change is implemented the month the change occurred in.
- If the change causes ineligibility, a closing notice must be sent to close the case at the end of the month the closing notice is sent.

If a case has closed for failure to provide additional information and the caretaker provides the required information in the month following the month of case [closure](#), the case remains closed. The caretaker must reapply.

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### Impact on Eligibility Resulting From Changes 400-28-125-45

(Revised 10/1/11 ML #3278)

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If eligibility continues, the worker must determine when the change was effective and when the change needs to be implemented.

The effective date of the change will determine if:

- The [certificate](#) needs to be updated
- Correct payment was made
- [Overpayments](#) need to be created, and
- How payments for service months not yet processed are affected

When the change affects the certificate:

- If the change is reported and verified timely and the change:
  - Benefits the [caretaker](#) - the certificate will be update the month of the change
  - Does not benefit the caretaker - the certificate will be updated the month after the change was reported and verified
- If the change is not [timely reported](#) and/or not verified timely, the certificate will be updated the month that the change was occurred. If this results to a benefit to the caretaker, an underpayment will not be issued. If this results in an overpayment, the overpayment must be determined.

When the change affects a payment that has already been made:

- Overpayments may occur if the change does not match what is on the current certificate.

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- The eligibility worker will need to determine if and when the certificate should have been updated based on the month the change occurred.
- If the certificate should have been updated any payments made from the date the change occurred to when the certificate was actually updated are subject to overpayments.

When the change affects a payment that has not yet been made:

- The eligibility worker will need to determine if and when the certificate should have been updated as of the month the change occurred.
- If the certificate should have been updated, any payments not yet made from the date the change occurred to when the certificate was actually updated will need to be reviewed to see if any payment can be made or if no payment can be made.
- If the current certificate reflects partial information for the change that has been reported, payment can only be made based on the information that matches what is on the current certificate.
- If the current certificate does not reflect the changes that were reported and verified, payment cannot be made.

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### **Ineligibility Resulting From Changes 400-28-125-50**

(Revised 10/1/11 ML #3278)

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If a change causes ineligibility, the case will close at the end of the month the closing notice is sent.

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### **Change of Address for Caretaker 400-28-127**

#### **Moving Within the County 400-28-127-05**

(Revised 10/1/11 ML #3278)

[View Archives](#)

When the [caretaker](#) moves and the change of address is within the same county, the eligibility worker must update the address in the Child Care Assistance Program system. The current [certificate](#) remains in effect.

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### **Moving to Another County 400-28-127-10**

(Revised 10/1/11 ML #3278)

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When the [caretaker](#) has moved to another county, the case file will be transferred to the new county and the current [certificate](#) will remain in effect.

The caretaker may report to either the receiving or the sending county that they are moving or have moved. The county to whom the caretaker reported the move is responsible to inform the family what is needed to allow assistance to continue based on the family's circumstances.

When transferring the case to the new county, the eligibility worker must change the caretaker's address and the fields "Worker ID" and "County" on the Change Master to reflect the information of the receiving county. Transfer the case file to the new county will include use of the [SFN 700](#), "Case Transfer Log" (in 449 manual).

Consistent with [Service Chapter 449](#), the eligibility worker from the sending county is responsible to complete any unresolved actions in the individual's case prior to transferring the file to the receiving county.

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### Verification of Child Care Costs 400-28-130

#### Child Care Billing Report 400-28-130-05

(Revised 10/1/11 ML #3278)

[View Archives](#)

[NDAC 75-02-01.3-06](#)

Child care costs must be verified monthly using the [SFN 616](#), Child Care Billing Report form. It is the responsibility of the child care provider, not the family, to complete the billing form each month. The billing form must show the **ACTUAL** number of hours of child care. Both the [caretaker](#) and the provider are required to sign and date the billing report form AFTER the form has been completed.

It is the caretaker's responsibility to make sure the form is complete, to review the form for errors and for providing all the information needed in order for the payment to be made.

The caretaker may choose to let the provider submit the billing report form to the [county social service office](#), however, it is the caretaker's responsibility to make sure a completed billing report form is submitted to the county social service office.

Child care Billing Report forms received by the county that are not completed should be returned to the caretaker for completion.

If a provider or a caretaker is not available for signature on the billing report form, the eligibility worker will be expected to explore all avenues of locating the person who needs to sign the form. If it is reasonable that the billing report form is complete and accurate and the person's whose signature is needed cannot be located or a third party will attest to its accuracy, payment can be made without the signature. All actions taken must be documented.

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### **Time Frame for Submitting SFN 616 'Child Care Billing Report' Forms 400-28-130-10**

(Revised 10/1/11 ML #3278)

[View Archives](#)

[NDAC 75-02-01.3-06](#)

Billing report forms must be submitted during the 6 month period following the month child care services were provided. If the billing report form is received after the 6 month period, the payment cannot be made.

**Example:** If child care is incurred for the service month of May, the last day the form can be submitted is up to the close of the last business day in November, to be considered as received within the 6 month time frame.

If a form is received after the 6 month time period, the family must be notified that payment cannot be made because the billing report form was received after the 6 month time limit. The family must be notified in writing the payment cannot be made.

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### **Extra Provider Charges 400-28-130-15**

#### **Meal/Snack 400-28-130-15-05**

(Revised 10/1/11 ML #3278)

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A provider may charge extra for meals/snacks. Charges for meals/snacks are considered allowable if the costs are included as part of the monthly, weekly, hourly rate, etc. However, Child Care Assistance Program disallows these as valid costs if they are identified separate from the rate charged.

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### **Transportation 400-28-130-15-10**

(Revised 10/1/11 ML #3278)

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A provider may charge extra for transporting children. Charges for transportation are considered allowable if the costs are included as part of the monthly, weekly, hourly rate, etc. However, Child Care Assistance Program disallows those as valid costs if they are identified separate from the rate charged.

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### **Deposits/Activity Fee/Registration Fee 400-28-130-15-15**

(Revised 10/1/11 ML #3278)

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The Child Care Assistance Program will not reimburse any costs related to Deposits or Activity / Registration fees.

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### **Payment Issuance 400-28-135**

(Revised 10/1/11 ML #3278)

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[NDAC 75-02-01.3-06](#)

Benefits are paid the month following the month the child care expenses were incurred.

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### **Basis for Allowable Child Care Rate of Payments 400-28-135-05**

(Revised 10/1/11 ML #3278)

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[NDAC 75-02-01.3-04](#)

Federal regulations require states to establish payment rates. The allowable amount of child care is based on:

- Type of provider
- Household income
- Household size
- Level of Care
- Child's Age
  - Infant care - birth through the month of their second birthday
  - Toddler - 2 and 3 years through the month of their fourth birthday
  - Preschool - 4 and 5 years through the month of their sixth birthday
  - School Age - 6 to 13 years through the month of their thirteenth birthday
  - Youth ages 13 - 19 years of age who are special needs children or courted order child care

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### **Computing the Bill 400-28-135-10**

(Revised 10/1/11 ML #3278)

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[NDAC 75-02-01.3-06](#)

When a child care billing report form is received, the billing report form must be reviewed to make sure it is complete (signed, dated and completely filled out). If the billing report form is not complete, the billing report form must be returned to the [caretaker](#) for completion.

If the child care billing report form is complete, the total hours for the month are divided by 4 to determine the average weekly hours. The average weekly hours are compared to the [Level of Care](#) on the certificate to insure it is correct.

If the average weekly hours of child care provided on the billing form are not within a reasonable amount of the caretaker's average weekly activity hours that were determined at the time the certificate was issued, the eligibility worker must contact the caretaker to resolve the difference.

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### **Child Care Billing Report Form and Certificate Match 400-28-135-10-05**

(Revised 10/1/11 ML #3278)

[View Archives](#)

[NDAC 75-02-01.3-06](#)

When the [Level of Care](#) determined from the Child Care Billing Report form matches the Level of Care on the [certificate](#), the child care costs can be processed.

Compare the billed amount to the [State Rate](#) on the certificate to determine the lower amount. Take the lowest amount and subtract the [Family Monthly Co-pay](#) to determine the amount to be paid by the Child Care Assistance Program (CCAP).

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### Child Care Billing Report Form and Certificate Does Not Match 400-28-135-10-10

(Revised 10/1/11 ML #3278)

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[NDAC 75-02-01.3-06](#)

If the [Level of Care](#) on the [certificate](#) is hourly (HR) and the billing form reflects either full time (FT) or part-time (PT) hours, payment for the month billed is paid at HR.

When the Level of Care determined from the billing report form does not match the Level of Care on the certificate, the payment is made based on the Level of Care on the certificate.

**Note:** When this occurs, the worker will follow the policy and procedures in Section [400-28-125-15](#), Known Information To Agency.

Compare the billed amount to the [State Rate](#) on the certificate to determine the lower amount. Take the lowest amount and subtract the [Family Monthly Co-pay](#) to determine the amount to be paid by the Child Care Assistance Program (CCAP).

If the child's hours in care do not reflect the hours [needed](#) for the [caretaker's](#) allowable activities, the eligibility worker may adjust the hours to be paid and entered into the CCAP payment system.

The number of hours may be adjusted but the amount billed may not be changed. The CCAP system will compute the correct amount to be paid to the provider.

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### Payment to the Provider 400-28-135-15

(Revised 10/1/11 ML #3278)

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[NDAC 75-02-01.3-06](#)

Unless the provider requests the payment to be issued to the family, all Child Care Assistance Program payments are to be issued to the provider.

If the provider chooses to have the payment go to the [caretaker](#), the provider must complete in its entirety, sign and date a [SFN 848](#), Provider's Request to Pay Parent Directly form. The form must be submitted to the [county social service office](#) and must be filed in the caretaker's file. The provider must still complete a 'W-9, Request for Taxpayer Identification Number and Certification'.

Payments are processed daily with the exception of the end of the State Fiscal Year. At the end of the State Fiscal Year, there is usually a 3 day period when payments are not processed.

Payments are issued through an electronic payment card (debit card), direct deposit, or by check in specific cases.

**Note:** Checks are mailed two working days after the process date. With exception of weekends and holidays, normal delivery **should** be within five business days after the processing date.

The following day care providers receive payments by electronic payment card:

- AR - [Approved Relatives](#) (Q)
- IN - [In-Home care](#) (I)
- NF - Non-relative in Family Day Care (F, I)
- RF - Relative in Family Day Care (F, I)
- SC - [Self-Declaration](#) (S)
- TR - [Tribal Registration](#) (R)

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The following day care providers will receive payments by direct deposit:

- CT - [Centers](#) (C,E,K,M)
- NG - [Group Care](#) (G,H)

The following will receive payment by check:

- Payments made to the family instead of provider. The eligibility worker selects this option when entering payments into the Child Care Assistance Program payment system.
- Garnishment of child care payments due to [child support](#) obligation of a provider. Child care payments to individuals with a child support obligation are intercepted by Fiscal Administration, Department of Human Services. Fiscal Administration deducts the required amount and issues the remaining amount to the child care provider. Because of this process, these payments will continue to be issued by check.

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### Payments of Less Than \$10 400-28-135-20

(Revised 10/1/11 ML #3278)

[View Archives](#)

The eligibility worker determines the amount that the Child Care Assistance Program (CCAP) would pay for the month and if the CCAP share of the total bill for the month is less than \$10, the payment will not be issued and **should not be entered into the CCAP payment system**. If the payment has been entered into the system, delete the payments under \$10 from the system, so the payment will not be processed and send the Payment Under \$10 notice.

**Example:** There is one provider and CCAP payment would be less than \$10.00, payment will not be issued to the provider.

#### Exceptions:

- If an error was made when making a payment to a provider and the provider's [underpayment](#) is less than \$10, issue the supplemental payment if CCAP's total share of the total bill was \$10 or more.
- If there are two or more providers, and the payment to be paid by CCAP for one of the provider's is less than \$10 and the payment for the other provider is more than \$10, payment to both providers will be made as the total CCAP payment being made is more than \$10.

**Example:** There are two providers and one provider submits a bill for \$8.00 and the other provider submits a bill for \$130.00. If the portion to be paid by CCAP for both providers is more than \$10.00, a payment will be issued to each provider even though the payment to one provider will be less than \$10.00.

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### **Lost Checks 400-28-135-25**

(Revised 10/1/11 ML #3278)

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If a provider/[caretaker](#) reports that a check has not been received, the eligibility worker should verify when the payment was processed.

If it has been over seven working days since the check has been processed, contact the State Child Care Assistance office with the following information: Social Security number and name of caretaker; Social Security number/Employer Identification Number (EIN) and name of provider; the processed date, and the amount of the payment. State Child Care Assistance office staff will check to see if other payments were processed on the same day for the same provider. The State Child Care Assistance office staff will request the check number from the State Finance office. The check system will be used to determine if the check has been cashed or is outstanding.

If the stop payment process is necessary, it will be initiated by the State Child Care Assistance office. The stop payment affidavit is sent to the county eligibility worker to secure the necessary signature and notarization. The affidavit is returned to the State Finance office, and the check is reissued by Department of Human Services. If the person received the original check after the stop payment has been issued, the State Child Care Assistance office should be notified that the stop payment should be canceled. The original check cannot be cashed until three days after the stop notice has been canceled by the Department of Human Services.

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### **Returned Checks 400-28-135-30**

(Revised 10/1/11 ML #3278)

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If a check has been issued in error to a provider, the check should be returned to the State Child Care Assistance office indicating why it should be cancelled.

The check will be adjusted in the Child Care Assistance Program payment system, the check will be canceled and the file for the 1099 will be adjusted.

**NOTE:** A payment can be issued to the correct provider as soon as it is discovered that an error was made.

If the provider issues a check from their account, the form [SFN 827, "Credit Form"](#), should be completed and sent with the check to the State Finance office. The SFN 827, "Credit Form", is available on eforms.

The provider's personal check and SFN 827, "Credit Form", should be sent to:

Department of Human Services/Fiscal Administration  
600 E Boulevard Ave Dept 325  
Bismarck ND 58505-0250

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### **Notices 400-28-140**

(Revised 10/1/11 ML #3278)

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[NDAC 75-02-01.3-02](#)

NDAC 75-02-01.3-03

The family must be notified with a Child Care Assistance Program (CCAP) notice whenever assistance is denied, pended, suspended or closed, providing them the opportunity for a [fair hearing](#).

The notices that are sent are the documentation of action taken on a case. When a case is authorized for payment, the family will receive a notice automatically which states the total child care billed, amount being recouped if any, the amount the state will pay and the family share. Additional information may be entered on the comment screen. Notices are mailed to the [caretaker](#) the day following the process date.

[Advance](#) or [adequate notice](#) is not required in Child Care Assistance program.

Follow is a listing of notices for CCAP:

1. [Child Care Certificate](#) -- The certificate is issued to the caretaker when an application has been approved, 6 month review completed and each time the certificate is updated due to a change.
2. Payment Notification - - Informs the caretaker that a payment has been generated and the amount being paid by the CCAP.
3. Closing – informs the family they no longer meet the criteria for the CCAP.
4. Correspondence – informs to the family when one of the other notices is not appropriate.
5. [Denial](#) -- This notice is sent when the eligibility worker is denying the case.

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6. Notice of Non-Payment -- This notice is sent when the CCAP's share of the payment is less than \$10 and a check will not be issued.
7. Pending -- This notice is to be used when an application is received which is incomplete.

**Note:** The Master Record is completed with a "P" for pending action code, and the notice is sent. Check the appropriate items that need to be completed before the application can be acted upon.

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### **Case Closings 400-28-145**

(Revised 10/1/11 ML #3278)

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[NDAC 75-02-01.3-03](#)

Cases must close when one or more of the following happens:

1. The [caretaker\(s\)](#) is no longer participating in an allowable activity
2. There is no eligible child in the child care unit
3. The caretaker does not return a completed SFN 841, Child Care Assistance Program Review, form by the end of the month in which the review is due
4. If the review form is received but
  - a. Is not submitted timely
  - b. Is incomplete and further eligibility cannot be determined
  - c. Indicates the family's income exceeds the upper [income](#) limit for the family size
5. The caretaker moves out of state
6. The caretaker requests that the case be closed (request to close a case may be made verbally or in writing)
7. The mail is returned and there is no forwarding address or has a forwarding address of out of state
8. A valid [certificate](#) no longer exists but the case remains open. In this situation, the case must be closed the end of the month the certificate ended
9. The caretaker fails to provide information that has been requested

A closing notice can be sent to close a case at the end of the current month up to the last working day of the month with the exception of:

- If a closing notice includes a time frame to allow a caretaker to provide information, the caretaker must be allowed the time frame given to provide the information. In these cases, the Child Care Assistance Program case closes on the last day of the month the time frame to provide information falls into.

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The Eligibility Worker must inform the caretaker on the closing notice the date the case is closing.

If a notice is generated on a working day, the print date on the notice is the same day that the notice was generated. If the notice is generated on a non-working day (holiday or weekend), the print date is the following working day.

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### **Underpayments and Overpayments 400-28-150**

#### **Overview 400-28-150-05**

(Revised 10/1/11 ML #3278)

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When a payment is determined to be incorrect, each benefit month that is incorrect must be reworked, using the policies, procedures and the information that should have been used for the payment month. Reworking an incorrect benefit month may result in an [overpayment](#) or [underpayment](#).

The overpayment or underpayment is the difference between the benefit amount that should have been paid and the benefit amount paid.

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### **Underpayments 400-28-150-10**

(Revised 10/1/11 ML #3278)

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An [underpayment](#) is a correction to benefits paid a household who was originally paid less than they were eligible to receive. The eligibility worker shall take prompt action to authorize underpayments to current [caretakers](#) or to caretakers who would have been eligible if the error causing the underpayment had not occurred.

Underpayments must be established based on the date discovered and whether or not the household is entitled to additional benefits. To determine if there is an underpayment, the eligibility worker must complete a budget using the Excel Spreadsheet or a hand budget before entering information into the payment system.

If the eligibility worker has made an administrative error or discovers a caretaker error resulting in an underpayment, process the underpayment in the child care computer system and send appropriate notification.

If the [county social service office](#) receives notification from the Administrative Law Judge or a court of law of a favorable decision on behalf of the client, underpayments must be established, if applicable, based on the directive included in the favorable decision.

If an underpayment would result instead of an [overpayment](#) because the household failed to report or failed to report timely, benefits are not restored and the underpayment is not made.

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### **Documentation of Underpayment 400-28-150-10-05**

(Revised 10/1/11 ML #3278)

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Document in the case file a complete record/explanation of the [underpayment](#).

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### **Notification of Underpayment 400-28-150-10-10**

(Revised 10/1/11 ML #3278)

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When a case is reworked for the affected months(s) and an [underpayment](#) is established, the household must be sent the 'Underpayment Notification' notice. This notice informs the household of the amount of the underpayment and the reason for the underpayment.

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### **Overpayments 400-28-150-15**

(Revised 10/1/11 ML #3278)

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An [overpayment](#) is a correction to benefits paid a household who was originally paid more than they were entitled to receive.

The eligibility worker must promptly take all reasonable and practical steps to establish all overpayments.

Anytime an overpayment is discovered, a determination must be made whether or not to pursue an [Intentional Program Violation](#). (Refer to Section [400-28-160](#), Intentional Program Violation.)

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### **Administrative and Caretaker Errors 400-28-150-15-05**

(Revised 10/1/11 ML #3278)

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When the eligibility worker has made an administrative error or discovers a [caretaker](#) error resulting in an [overpayment](#), the overpayment must be recouped. Process the overpayment in the child care computer system and send notification to the caretaker.

Overpayments can only be established for a maximum of 12 months from the date the error is discovered. Overpayments resulting from federally required improper payment [claims](#) may be established beyond the 12 months.

If the wrong provider is paid in error, that provider must return the erroneous payment. If the provider returns the payment to the [county social service office](#), the county shall forward the payment to the Department of Human Services using the appropriate [SFN 827](#), Credit Form. If the provider does not return the payment, contact the State Child Care Assistance Program office and they will initiate the collection process.

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### **Situations Where an Overpayment May Need to be Established 400-28-150-15-10**

(Revised 10/1/11 ML #3278)

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The following is a partial listing of reasons an [overpayment](#) may need to be established:

- Individuals residing in the household who were required to be part of the [child care assistance unit](#), but not reported at the time of application, 6 month review or as a mandatory change which resulted in a change of eligibility
- [Income](#) and/or allowable deductions that should have been reported and used at the time of application, 6 month review or as a result of a mandatory change which resulted in a change of eligibility
- Child care paid for a [caretaker\(s\)](#) who was not in an allowable activity
- Administrative Errors resulting in overpayments
- Receiving assistance in two states at the same time
- Not being a resident of North Dakota
- Information obtained during the [Intentional Program Violation](#) which results in an overpayment

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### Obtaining Verification of Unreported Information 400-28-150-15-15

(Revised 10/1/11 ML #3278)

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Regardless of the source of the information, when the agency receives information that the household may have failed to provide information necessary to determine eligibility, the household will be sent a notice requesting [verification](#) of the questionable information. The notice will inform the [caretaker](#) that:

- They have 10 days to provide the requested information

If they don't respond within the 10 days, the eligibility worker will need to send a closing notice to close the case on the last day of the month in which the 10th day falls.

**Note:** Requested verification may include, but is not limited to, members of the [child care assistance unit](#), place of residence, sources of [income](#) or allowable activity.

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### **Notification of Overpayment 400-28-150-15-20**

(Revised 10/1/11 ML #3278)

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When the case is reworked for the affected month(s) and [overpayments](#) established, the household must be sent the 'Overpayment Notification.' This notice informs the household of the amount of the overpayment, the reason for the overpayment and [recoupment](#) method.

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### **Documentation of Overpayment 400-28-150-15-25**

(Revised 10/1/11 ML #3278)

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Document in the case file a complete record of the [overpayment](#) and the plan for recovery.

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### Recouping Overpayments 400-28-150-20

(Revised 10/1/11 ML #3278)

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The eligibility worker must promptly take all reasonable and practical steps to recoup all [overpayments](#).

Any overpayment, whether resulting from an error made by the household, administrative error, [fraud](#), or a [fair hearing](#) decision subsequently made in favor of the [county social service office](#), is subject to recovery regardless of when the overpayment occurred.

**Note:** Only overpayments occurring under North Dakota's Child Care Assistance Program (CCAP) can be recouped. Requests from other states for [recoupment](#) cannot be honored.

The [caretaker](#) of the case at the time the [claim](#) was established is responsible for repayment of overpayments whether it is an administrative or [recipient](#) error.

**Example:** If Mom has an open CCAP case and Dad is in the home, the overpayment is established in Mom's name. Mom's case closes. Dad reapplies in his name. Dad is not responsible for repayment of the overpayment.

If the case closed and the individual reapplies and begins receiving assistance again, any outstanding overpayment balance must be recouped.

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### Methods of Recouping Overpayments 400-28-150-20-05

(Revised 10/1/11 ML #3278)

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Methods of recovering [overpayments](#) are as follows:

- [Recoupment](#) from the Child Care Assistance Program (CCAP) payment:
  - 10% for agency and client (non-[fraud](#)) related errors
  - 20% for [Intentional Program Violations](#) (IPV) (fraud)
- Voluntary repayment – a payment that is made by the [caretaker](#) who has a closed case or in addition to the recoupment taken out of their benefit if the caretaker has an ongoing open case. The additional amounts must be sent into the CCAP State Office and CCAP State Office staff will apply the payment in the CCAP system.
- Criminal restitution. If the court has ordered an amount of recovery, either more or less than the amount identified above, the amount ordered by the court will be the only amount recovered.

The amount recouped cannot be less than 10% for client or agency errors or 20% for Intentional Program Violation (IPV) (fraud).

For client errors that are later determined to be IPV, the 10% recoupment will continue until the IPV has been established at which time the recoupment percentage must be changed to 20%.

**Note:** The household remains responsible for repayment of any overpayments that may have resulted from this violation regardless of eligibility for benefits.

If an [underpayment](#) is issued, the underpayment will be recouped from the overpayment by the established repayment method that is in place.

When an overpayment exists, regardless of the household's eligibility for benefits, the household shall continue to be responsible for repayment of the overpayment.

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### Appeals and Fair Hearings 400-28-155

#### Overview 400-28-155-05

(Revised 10/1/11 ML #3278)

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[NDAC 75-02-01.3-13](#)

An individual may appeal an adverse action of the Child Care Assistance Program (CCAP) by submitting a signed written request to the [county social service office](#) within 30 days from the date of the notice of adverse action. An individual is not required to use [SFN 162, Request for Hearing](#) when filing an appeal. However, the individual's request for a hearing must be made in writing and signed. When a written request for a hearing is received within 10 days from the date of the notice of adverse action, benefits must continue unless the individual requests to have their benefits reduced.

Actions which are appealable include but are not limited to:

1. [Denial](#) of CCAP benefits
2. Reduction in CCAP benefits
3. Closing of CCAP case
4. [Overpayment](#) of benefits paid
5. Any action imposed against a household except when the sole issue is one of state or federal law requiring automatic benefit adjustments for classes of [recipients](#) (unless the reason for an individual appeal is incorrect benefit computation)

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### **Requesting a Fair Hearing 400-28-155-10**

(Revised 10/1/11 ML #3278)

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#### [NDAC 75-02-01.3-13](#)

When an individual appeals an adverse action, the individual has the right to make a written request for a [fair hearing](#) within 30 days from the print date of the notice of adverse action.

If the written request for a fair hearing is received after the 30 days, the county must accept the appeal and forward the appeal to the Appeals Supervisor. The Appeals Supervisor will take the appropriate actions.

When a fair hearing is requested in writing within 10 days from the date of the notice of adverse action, assistance must be continued pending the fair hearing decision except in the following circumstances:

1. The household fails to meet other eligibility requirements
2. The [recipient](#) unconditionally withdraws or abandons the fair hearing request
3. The [department](#) reverses the proposed action without a hearing
4. The department determines, based upon the record of the claimant's fair hearing, that the issue involved is one of state or federal law or a change in state or federal law
5. After an appeal is filed and prior to the decision rendered, a change in the [caretaker's](#) benefits occurs and the caretaker fails to file a timely request for a fair hearing after they are notified of that subsequent change

When an individual submits a written request for a fair hearing within 10 days from the print date of the notice of adverse action, the individual's Child Care Assistance Program benefit must be restored at the level the household would have been eligible to receive without implementing the

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proposed adverse action which is being appealed, pending the outcome of the fair hearing.

**Note:** If two adverse actions were taken that reduced the households benefit and the household only appeals one of the adverse actions, the restored benefit level will reflect the change in benefits that results from the adverse action that was not appealed.

The eligibility worker must create and send a notice immediately unless the individual requests to have their benefits reduced.

When the individual requests a fair hearing, the fair hearing will be conducted by the Office of Administrative Hearings in accordance with N.D.A.C. 75-01-03.

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### **Fair Hearing Process 400-28-155-15**

(Revised 10/1/11 ML #3278)

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#### [NDAC 75-02-01.3-13](#)

When adverse action is taken and the individual requests a [fair hearing](#), the hearing will be conducted by the Office of Administrative Hearings in accordance with N.D.A.C. § 75-01-03.

The following procedure should be followed when a [caretaker](#) requests a fair hearing:

- If the individual mails their request to the [county social service office](#):
  - Both the request and the envelope must be date stamped upon receipt (the postmarked envelope is needed to determine the timeliness of the individual's request)
  - Complete the [SFN 1784](#), Appeal Background Report
  - Gather pertinent documents relating to the appeal
  - Within 5 days of the receipt of the request, mail the request and envelope, completed Appeal Background Report and pertinent documents relating to the appeal to the DHS Appeals Supervisor.
- If the individual hand delivers their request to the county, the request form should be:
  - Date stamped upon receipt, with a notation made on the form that it was hand delivered; and
  - Complete the SFN 1784, Appeal Background Report
  - Gather pertinent documents relating to the appeal
  - Within 5 days of the receipt of the request, mail the request, completed Appeal Background Report and pertinent documents relating to the appeal to the DHS Appeals Supervisor.

If a completed SFN 1784, Appeal Background Report is not submitted, the county social service office will be contacted by the Appeals Supervisor

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requesting the report be completed and mailed, along with any other pertinent documents relating to the appeal (notices, etc.) to DHS Appeals Supervisor.

Appeals Supervisor

DHS Legal Advisory Unit

600 East Boulevard Avenue, Dept. 325

Bismarck, ND 58505-0250

The eligibility worker must notify the DHS Legal Advisory Unit Appeals Supervisor if the appellant is represented by legal counsel to ensure that legal counsel is also provided for the county.

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### **Benefits Pending a Fair Hearing 400-28-155-20**

(Revised 10/1/11 ML #3278)

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#### [NDAC 75-02-01.3-13](#)

If an application was denied and client requested a [fair hearing](#), the [denial](#) remains in effect.

If an [applicant](#) appeals a decision, the case remains open and payment is issued at that the same level through the end of the current certification period.

If a fair hearing has not been heard at the time the [caretaker](#) is due for a 6 month review, the review is completed and a new [Co-pay](#), [State Rate](#), and [Level of Care](#) is established for the new certification period.

If the client disagrees with the new Co-pay, State Rate, payment amount, and Level of Care, that is a separate appealable issue.

If the caretaker is appealing a closing notice, the case must be reverted to open and benefits continue to be paid at the same level that was established during the certification that was in effect at the time of the appeal.

If the caretaker is appealing an [overpayment](#), the overpayment will be suspended until the outcome of the appeal has been determined.

If the caretaker is appealing a payment amount, the caretaker's Co-pay, State Maximum Monthly Share and Level of Care remain at the same level that was in effect at the time of the appeal.

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### **Results of the Fair Hearing 400-28-155-25**

(Revised 10/1/11 ML #3278)

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[NDAC 75-02-01.3-13](#)

If the individual receives a favorable decision, a financial penalty is not applied to the case.

In the event that an individual loses the appeal, any amount paid to the [caretaker](#) pending the [fair hearing](#) decision shall be considered an [overpayment](#) and subject to recovery. Payments made from the date the adverse action should have been implemented that relates to the appeal through the date the decision rendered by the office of administrative hearing is implemented is the amount of the overpayment.

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### **Intentional Program Violation (IPV) 400-28-160**

#### **Overview 400-28-160-05**

(Revised 10/1/11 ML #3278)

[View Archives](#)

[NDAC 75-02-01.3-12](#)

Any individual who is suspected of withholding information for the purpose of improperly establishing or maintaining eligibility for benefits shall be referred to the Administrative Disqualification Hearings Officer for a determination of an [Intentional Program Violation](#) (IPV) or the court system for a determination of [fraud](#). If an individual withheld information that did not result in an overpayment, an IPV can still be pursued due to the fact that the individual withheld information.

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### **Intentional Program Violation (IPV) 400-28-160-10**

(Revised 10/1/11 ML #3278)

[View Archives](#)

[NDAC 75-02-01.3-12](#)

An IPV is defined as "an action by an individual, for the purpose of establishing or maintaining eligibility for Child Care Assistance Program (CCAP) or for increasing or preventing a reduction in the amount of assistance".

In order to determine if an individual(s) has committed an IPV, that individual must have intentionally committed any act intended to mislead, misrepresent, conceal, or withhold facts that constitutes a violation of CCAP or any State statute.

#### **Examples:**

- A source of [income](#)
- Allowable deductions
- A household member
- Falsified billing report form
- Not being in an allowable activity
- Receiving assistance in two states at the same time
- Not being a resident of North Dakota

The use of the term "intentionally" does not mean the eligibility worker has the burden of proving that an individual intended to commit a fraudulent act. The signature of any [caretaker](#) on the Application, 6 Month Review form, Change Report form, Child Care Billing Report form or any other appropriate materials attests to providing factual information that is required to determine eligibility.

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### **Types of Intentional Program Violations (IPV) 400-28-160-15**

(Revised 10/1/11 ML #3278)

[View Archives](#)

[NDAC 75-02-01.3-12](#)

An IPV disqualification can be established in the following two ways:

1. Administrative Disqualification Hearing (ADH) is pursued when an individual is suspected of intentionally withholding information that results in improperly establishing or maintaining eligibility for Child Care Assistance Program (CCAP) benefits. ADH procedures should be initiated in instances when there is sufficient documentary evidence to substantiate that an individual has committed one or more acts of IPV.
  - Waiver of Hearing - An individual has the right to waive an Administrative Disqualification Hearing. The eligibility worker must possess sufficient evidence to warrant holding a disqualification hearing before allowing an individual to waive the hearing.
  - Waiver A - Allows an individual to admit to the facts and accept the disqualification period.
  - Waiver B - Allows an individual to accept the disqualification without admitting to the facts.

In order to waive their Administrative Disqualification Hearing, the individual must sign either part A or B of the waiver located on the [SFN 1940](#) TANF/SNAP/CCAP Notice of Suspected Intentional Program Violation.

A signed waiver is a statement that the household has been informed a disqualification penalty will result.

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2. Court Conviction – [Fraud](#) is a result of an individual being convicted in federal or state court of having made a fraudulent statement or representation which results in improperly establishing or maintaining eligibility for Child Care Assistance Program benefits.

Upon receipt of the judgment:

- If the judgment includes a CCAP disqualification period, impose the disqualification following the CCAP disqualification time frames. (See Section [400-28-160-35](#), Disqualification Time Frames)
- If the judgment does not include a disqualification period, the eligibility worker must forward the following information to the Appeals Supervisor to process the findings under the IPV provisions:
  - Criminal Complaint
  - Judgment or Order and
  - A cover letter detailing the violation and providing the name, address, and Social Security Number. Inclusion of any prior disqualifications should also be noted

Regardless of the type of IPV, the appropriate notice must be sent to the household notifying the household that an individual is disqualified and/or assistance will be reduced or ended. The conviction and disqualification information and copies of supporting documents (including conviction information) must be recorded in the case file. If a disqualified person moves from one county to another, include disqualification information in the case transfer information.

After a disqualification hearing, there are no further appeal procedures available through the Administrative Hearing Process. The determination of IPV cannot be reversed by a subsequent hearing. The individual, however, is entitled to seek relief in a court of appropriate jurisdiction. The period of disqualification may be subject to stay or other action which would delay the imposition of the disqualification.

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### **Evidence Evaluation 400-28-160-20**

(Revised 10/1/11 ML #3278)

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[NDAC 75-02-01.3-12](#)

The following procedure is suggested to evaluate the evidence to determine if a violation has been committed:

- Review the case and all evidence with the eligibility supervisor, director, or the regional representative of Economic Assistance.
- If the evidence is sufficient for referral to the hearings officer, the referral shall be made regardless of any legal action planned against the household member.

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### Initiating Administrative Disqualification Hearing Process 400-28-160-25

(Revised 10/1/11 ML #3278)

[View Archives](#)

[NDAC 75-02-01.3-12](#)

The Administrative Disqualification Hearing process should be initiated in instances when there is sufficient documentary evidence to substantiate that an individual has committed one or more acts of IPV. The following procedures are recommended:

1. The [county social service office](#) shall complete the first portion of [SFN 1940](#), TANF/SNAP/CCAP Notice of Suspected Intentional Program Violation.

Indicate the household member against whom there is evidence of a violation. In most instances this will be the household member who has completed the application, review or change report form, child care billing report form or any other appropriate materials used in the eligibility process containing the false information.

If there is more than one [caretaker](#) in the case, IPV can be pursued against one or both of the caretakers. A separate SFN 1940 TANF/SNAP/CCAP Notice of Suspected Intentional Program Violation must be completed for each caretaker for whom IPV is being pursued.

When completing the 'description of evidence' section of the SFN 1940 TANF/SNAP/CCAP Notice of Suspected Intentional Program Violation form, be brief and to the point. Address the specific household member. Identify what the household member misrepresented, as well as when and how. Describe what is believed to be the true information and where the information came from.

**Note:** If more room is needed, use a second sheet.

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2. The eligibility worker shall contact the individual and arrange an appointment to meet and discuss the issue.
  - If the individual suspected of an Intentional Program Violation attends the meeting, the individual shall be given a copy of the DN 1087, Legal Service Organizations form. This serves to meet the federal requirement that individuals being considered for Administrative Disqualification be notified of the availability of free legal assistance.
  - If during the meeting it is determined there was no Intentional Program Violation, SFN 1940, TANF/SNAP/CCAP Notice of Suspected Intentional Program Violation is placed in the case file with a notation that it was not forwarded for further action along with a summary of the explanation as provided by the individual. However, any [overpayments](#) must still be established and recovered.
  - If during the meeting, the county believes the violation did occur and the individual has no satisfactory explanation, SFN 1940, TANF/SNAP/CCAP Notice of Suspected Intentional Program Violation is to be given to the individual, along with an explanation and the consequences relating to the signing of Part A or B of the Waiver of Hearing.

The eligibility worker must explain that signing Part A or B of the Waiver of Hearing will result in specific program disqualification:

- 12 months for a 1st violation,
- 24 months for a 2nd violation, and
- Permanently for 3rd and any subsequent violation.

Continued eligibility for Child Care Assistance Program (CCAP) requires that at least one member of the household retains CCAP eligibility.

Only the individual(s) found to have committed the violation or who signed the waiver or the consent agreement in court cases, and not the entire household, shall be disqualified. The disqualified individual's

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[income](#) and allowable deductions will continue to be used in determining eligibility and benefit amount.

- If during the meeting the individual suspected of an Intentional Program Violation signs the Waiver of Hearing:
  - Provide the individual a copy of SFN 1940 TANF/SNAP/CCAP Notice of Suspected Intentional Program Violation; and
  - Mail the SFN 1940 TANF/SNAP/CCAP Notice of Suspected Intentional Program Violation, detailing the violation to the Appeals Supervisor, North Dakota Department of Human Services, Judicial Wing, 600 East Boulevard Avenue, Bismarck, ND 58505-0250.

**Note:** If Part B is signed, a cover letter detailing why the individual signed Part B rather than Part A must also be sent to the Appeals Supervisor.

- If during the meeting, the individual suspected of an Intentional Program Violation refuses to sign the Waiver of Hearing:
  - Explain that a hearing will be held, usually by telephone, unless they request that a hearing officer be present as indicated on the SFN 1940 TANF/SNAP/CCAP Notice of Suspected Intentional Program Violation.
  - Give the individual a copy of the SFN 1940 TANF/SNAP/CCAP Notice of Suspected Intentional Program Violation.
  - Mail the original along with a letter detailing the violation, copies of relevant parts of the application, review, change report form, child care billing report form and other supporting documentation obtained, etc., to the Appeals Supervisor, North Dakota Department of Human Services, Judicial Wing, 600 East Boulevard Avenue, Bismarck, ND 58505-0250.

**Note:** It will not usually be necessary to copy the entire application or review as long as it is identified.

3. If the individual suspected of an Intentional Program Violation fails to respond within 10 days to a request for a meeting or agrees to a meeting but fails to appear for the meeting:

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- Forward the SFN 1940 TANF/SNAP/CCAP Notice of Suspected Intentional Program Violation, along with a letter detailing the violation, to the Appeals Supervisor, North Dakota Department of Human Services, Judicial Wing, 600 East Boulevard Avenue, Bismarck, ND 58505-0250.

Prior to receipt of a disqualification decision, the household will continue to participate at the same benefit level as any other household while awaiting a disqualification decision. The overpayment continues to be collected at the rate of 10%. Full repayment of the overpayment does not stop the disqualification procedure from taking place.

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### Appeals Supervisor Action 400-28-160-30

(Revised 10/1/11 ML #3278)

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[NDAC 75-02-01.3-12](#)

Upon receipt of the [SFN 1940](#) TANF/SNAP/CCAP Notice of Suspected Intentional Program Violation:

1. If the Waiver of Hearing was signed, the Appeals Supervisor will review and approve the signed Waiver of Hearing, and notify the individual of the reason for and the effective date of the disqualification, whether the case is currently open or closed. Notification will be sent to the county to impose the disqualification.
2. If a Waiver of Hearing was not signed:
  - a. The Appeals Supervisor will schedule a hearing to be conducted either by phone or with a hearing officer present.
  - b. If the individual or the individual's representative fails to appear for the scheduled hearing, without good cause, the hearing will still be conducted as scheduled. Good cause is determined by the Appeals Supervisor.
  - c. If the Hearing Officer determines the individual has committed the violation, the Appeals Supervisor will notify the individual of the disqualification reason.

Upon receipt of the hearing decision, the county must take appropriate action.

**Note:** The eligibility worker must receive the order which is signed by the Executive Director of the North Dakota Department of Human Services prior to taking any action.

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### **Disqualification Time Frames for Intentional Program Violations (IPV) 400-28-160-35**

(Revised 10/1/11 ML #3278)

[View Archives](#)

[NDAC 75-02-01.3-12](#)

Individuals who have committed an [Intentional Program Violation](#) (IPV) will be disqualified the following time periods:

- 12 months for the 1st offense
- 24 months for the 2nd offense
- Permanently for the 3rd or subsequent offense

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### Penalty for Intentional Program Violation (IPV) 400-28-160-40

(Revised 10/1/11 ML #3278)

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[NDAC 75-02-01.3-12](#)

Upon receipt of the hearing decision, the county shall impose the required penalty whether the case is currently open or closed. Once the disqualification penalty is imposed, the disqualification penalty period continues uninterrupted until completed regardless if the case is open or closed.

The start date of the disqualification period is determined by the Appeals Supervisor. Imposing the disqualification is required even if it means that some individuals may not be affected by the disqualification.

**Note:** [Waived Co-pay](#) ([TANF](#), Diversion and [Crossroads](#)) individuals will not be affected by an IPV as their income is not considered. However, at the time the IPV is imposed, change the household size to reflect the individual as disqualified and at the end of the disqualification period, change the household size to include the individual. If during the disqualification period the family becomes subject to [Co-pay](#) requirements, the affects of the IPV will apply.

When an [overpayment](#) exists, regardless of the household's eligibility for benefits, the household shall continue to be responsible for repayment of the overpayment which resulted from this violation.

The individual convicted of [fraud](#) is the only household member disqualified. Other household members may remain eligible.

When applying the disqualification penalty:

1. The disqualified individual is removed from the household size.

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2. Income and allowable deductions of the disqualified individuals continue to be considered when determining eligibility for the remaining household members.

Overpayments are recovered through a reduction of the Child Care Assistance Program payment. The rate of recovery for IPV is 20%.

When a disqualification penalty is imposed, the [certificate](#) must be updated to remove the disqualified individual from the household size. The disqualified individual's income and allowable deductions continue to be used.

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### **Disqualification in Another State 400-28-160-45**

(Revised 10/1/11 ML #3278)

[View Archives](#)

[NDAC 75-02-01.3-12](#)

Disqualifications from other states are not imposed or counted in North Dakota. If an individual has another IPV currently in place from another state, they are eligible to receive Child Care Assistance in North Dakota.

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### **Appendix 400-28-165**

#### **SFN 23, Application for Approval for Relative Child Care Provider 400-28-165-05**

(Revised 10/1/11 ML #3278)

[View Archives](#)

[SFN 23](#), Application for Approval for Relative Child Care Provider is to be completed by an individual choosing to become an approved relative provider for child care.

This form is available through the Department of Human Services and may also be obtained electronically via E-Forms.

E-Forms are presented in Adobe Acrobat and require the Adobe Acrobat reader. If you do not currently have Adobe Acrobat reader installed, you may download a free copy by clicking the Get Adobe Reader icon below.



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### **SFN 29, Crossroads Annual Application Form 400-28-165-10**

(Revised 10/1/11 ML #3278)

[View Archives](#)

[SFN 29](#), Crossroads Annual Application Form is to be completed by an individual under age 21 choosing to apply for assistance under the Crossroads Program.

This form is presented in Adobe Acrobat and requires the Adobe Acrobat reader. If you do not currently have Adobe Acrobat reader installed, you may download a free copy by clicking the Get Adobe Reader icon below.



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### **SFN 113, Postsecondary Education Information 400-28-165-15**

(Revised 10/1/11 ML #3278)

[View Archives](#)

[SFN 113](#), Postsecondary Education Information form is to be completed by any adult household member who is attending postsecondary education. The form provides the eligibility worker with information regarding the individual's education history and anticipated course of study and/or degree to determine if they are in an allowable education/training.

This form is available through the Department of Human Services and may also be obtained electronically via E-Forms.

E-Forms are presented in Adobe Acrobat and require the Adobe Acrobat reader. If you do not currently have Adobe Acrobat reader installed, you may download a free copy by clicking the Get Adobe Reader icon below.



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### **SFN 162, Request for Hearing 400-28-165-20**

(Revised 10/1/11 ML #3278)

[View Archives](#)

[SFN 162](#), Request for Hearing form is used when an applicant or caretaker chooses to request a fair hearing due to action taken regarding TANF benefits.

This form is available through the Department of Human Services and may also be obtained electronically via E-Forms. (54kb pdf)

E-Forms are presented in Adobe Acrobat and require the Adobe Acrobat reader. If you do not currently have Adobe Acrobat reader installed, you may download a free copy by clicking the Get Adobe Reader icon below.



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### **DN 241, Sliding Fee Schedule 400-28-165-25**

(Revised 10/1/11 ML #3278)

[View Archives](#)

[DN 241](#), Child Care Sliding Fee Schedule was developed to determine cost sharing by a family and Child Care Assistance Program based on income, size of the family, the age of the child, type of provider and level of care.

The document can be accessed at:

<http://www.nd.gov/dhs/info/pubs/docs/dn-241-child-care-assistance-sliding-fee-scale.pdf>

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### **SFN 405, Application for Assistance 400-28-165-30**

(Revised 10/1/11 ML #3278)

[View Archives](#)

[SFN 405](#), Application for Assistance is used when an individual wishes to apply for multiple programs including the Child Care Assistance Program (CCAP).

This form is available through the Department of Human Services, On-line and may also be obtained electronically via E-Forms. (54kb pdf)

E-Forms are presented in Adobe Acrobat and require the Adobe Acrobat reader. If you do not currently have Adobe Acrobat reader installed, you may download a free copy by clicking the Get Adobe Reader icon below.



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### **SFN 413, Individual Indian Monies Account 400-28-165-35**

(Revised 10/1/11 ML #3278)

[View Archives](#)

[SFN 413](#), Individual Indian Monies Account form is to obtain definite information from Indian agencies about deposits made to and balances remaining in IIM Accounts. This information is necessary to determine eligibility and benefit amount and lends itself to prorating based on income received during a previous 12-month period.

The upper portion of the form is to be completed by the eligibility worker. The form must be signed by the applicant and or recipient who then sends or takes it to the superintendent of the Indian agency for completion.

**Note:** The household may choose to sign a Release of Information permitting the eligibility worker to obtain the needed data from the Indian agency directly. SFN 413, signed by the applicant or recipient, must also be used when this method is followed.

The bottom portion of the form is completed by appropriate officials of the Indian agency.

IIM accounts for persons enrolled at the Fort Totten and Turtle Mountain Indian agencies are maintained in the Aberdeen, South Dakota, Area Office. Accounts for persons enrolled by the Fort Berthold and Standing Rock agencies are maintained by each of those agencies.

This form is available through the Department of Human Services and may also be obtained electronically via E-Forms. (71kb pdf)

E-Forms are presented in Adobe Acrobat and require the Adobe Acrobat reader. If you do not currently have Adobe Acrobat reader installed, you may download a free copy by clicking the Get Adobe Reader icon below.



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### **SFN 598, Child Care Assistance Program Application 400-28-165-40**

(Revised 10/1/11 ML #3278)

[View Archives](#)

[SFN 598](#), Child Care Assistance Program Application may be used by anyone applying only for the Child Care Assistance Program.

This form is available through the Department of Human Services and may also be obtained electronically via E-Forms.

E-Forms are presented in Adobe Acrobat and require the Adobe Acrobat reader. If you do not currently have Adobe Acrobat reader installed, you may download a free copy by clicking the Get Adobe Reader icon below.



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### **SFN 616, Child Care Billing Report 400-28-165-45**

(Revised 10/1/11 ML #3278)

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[SFN 616](#), Child Care Billing Report is completed by the provider identifying the monthly charges and hours for the child(ren) while in their care. Once completed, the [caretaker](#) must sign and date this form prior to submission.

This form is available through the Department of Human Services and may also be obtained electronically via [E-Forms](#).

E-Forms are presented in Adobe Acrobat and require the Adobe Acrobat reader. If you do not currently have Adobe Acrobat reader installed, you may download a free copy by clicking the Get Adobe Reader icon below.



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### **SFN 670, Child Care Assistance Program Change Report 400-28-165-50**

(Revised 10/1/11 ML #3278)

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[SFN 670](#), Child Care Assistance Change Program Report is used by caretakers to report mandatory changes.

This form is available through the Department of Human Services and may also be obtained electronically via E-Forms.

E-Forms are presented in Adobe Acrobat and require the Adobe Acrobat reader. If you do not currently have Adobe Acrobat reader installed, you may download a free copy by clicking the Get Adobe Reader icon below.



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### **SFN 841, Child Care Assistance Program Review 400-28-165-55**

(Revised 10/1/11 ML #3278)

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[SFN 841](#), Child Care Assistance Program Review is used by caretakers to complete their 6 month review.

This form is available through the Department of Human Services and may also be obtained electronically via E-Forms.

E-Forms are presented in Adobe Acrobat and require the Adobe Acrobat reader. If you do not currently have Adobe Acrobat reader installed, you may download a free copy by clicking the Get Adobe Reader icon below.



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### **SFN 827, Credit Form 400-28-165-60**

(Revised 10/1/11 ML #3278)

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[SFN 827](#), Credit Form is used by eligibility workers to submit payments to the State Office.

This form is available through the Department of Human Services and may also be obtained electronically via E-Forms.

E-Forms are presented in Adobe Acrobat and require the Adobe Acrobat reader. If you do not currently have Adobe Acrobat reader installed, you may download a free copy by clicking the Get Adobe Reader icon below.



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### **SFN 848, Provider's Request to Pay Parent Directly 400-28-165-65**

(Revised 10/1/11 ML #3278)

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[SFN 848](#), Provider's Request to Pay Parent Directly is completed by the provider to allow the payment to be made to the caretaker.

This form is available through the Department of Human Services and may also be obtained electronically via E-Forms.

E-Forms are presented in Adobe Acrobat and require the Adobe Acrobat reader. If you do not currently have Adobe Acrobat reader installed, you may download a free copy by clicking the Get Adobe Reader icon below.



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### **DN 1087, Legal Service Organizations 400-28-165-70**

(Revised 10/1/11 ML #3278)

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[DN 1087](#), Legal Service Organization listing is provided to individuals suspected of having committed intentional program violation of the availability of free legal services.

A copy of this form is to be provided to such individuals at the time of the meeting as described in the policy.

This form is available through the Department of Human Services in paper form or through the County Intranet.

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### **SFN 1940, TANF/SNAP/CCAP Notice of Suspected Intentional Program Violation 400-28-165-75**

(Revised 10/1/11 ML #3278)

[View Archives](#)

[SFN 1940](#) is intended to:

1. Notify an individual in writing when that individual is suspected of having committed intentional program violation;
2. Provide a means of waiving the right to a hearing if an individual suspected of intentional program violation wishes to waive their right to an administration disqualification hearing;
3. Assign a hearing time if the right to an administrative disqualification hearing is not waived; and
4. To allow an individual who desires that a hearing officer be present at the hearing, rather than having a telephone hearing, to indicate that desire.

#### **Form completion instructions:**

Pages 1 and 2 are to be completed by the county initiating the administrative disqualification hearing procedure. The form is to be signed in this section, by an eligibility worker, supervisor, or county director who will be present at the meeting with the individual suspected of having committed intentional program violation.

Page 3, the "Waiver of Hearing" section, either A or item B, is to be signed if the individual wishes to waive their right to an administrative disqualification hearing.

Page 4, the individual suspected of intentional program violation must sign on this page if the individual does not waive their right to a hearing and desires that a hearing officer be present at the hearing, rather than a telephone hearing.

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If an administrative disqualification hearing is scheduled, the Appeals Referee Supervisor will complete "notice of hearing" and so advise the suspected individual.

#### **Form distribution:**

- Original
  - If it is decided at the time of the meeting that there was no intentional program violation - file original and all copies in case file along with a notation of the results of the meeting.
  - If the right to hearing is waived, or if there is to be a hearing - forward to Appeals Referee Supervisor.
- 1 Copy - If the right to a hearing is waived, or if there is to be a hearing - give to the accused individual signing the form.
- 1 Copy – Case file.

This form is available through the Department of Human Services and may also be obtained electronically via E-Forms. (80kb pdf)

E-Forms are presented in Adobe Acrobat and require the Adobe Acrobat reader. If you do not currently have Adobe Acrobat reader installed, you may download a free copy by clicking the Get Adobe Reader icon below.



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### **DN 759, Client's Right to Appeal 400-28-165-80**

(Revised 10/1/11 ML #3278)

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A copy of the [DN 759](#) Client's Right to Appeal (62 kb pdf) is available at this link.

This document is presented in Adobe Acrobat and requires the Adobe Acrobat reader. If you do not currently have Adobe Acrobat reader installed, you may download a free copy by clicking the Get Adobe Reader icon below.



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### **Child Care Certificate 400-28-165-85**

(Revised 10/1/11 ML #3278)

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A sample of the [Child Care Certificate](#) (130 kb pdf) is available at this link.

This document is presented in Adobe Acrobat and requires the Adobe Acrobat reader. If you do not currently have Adobe Acrobat reader installed, you may download a free copy by clicking the Get Adobe Reader icon below.

